

Woman's Convention
Auxiliary To The First West Florida Baptist District Association
Church Missionary Ministry Registration Form

Mission President: _____ Phone: _____

Address: _____ Zip Code: _____

Vice President: _____ Phone: _____

Address: _____ Zip Code: _____

Pastor: _____ Church: _____

Church Address: _____ Zip Code: _____

_____ Mission Enrollment/ONE DAY SESSION \$10.00 \$ _____

_____ Delegate Personal Enrollment _____ @ \$3.00 each \$ _____

_____ Foreign Missions _____ \$10.00 \$ _____

_____ Home Missions: _____ \$10.00 \$ _____

_____ Dixon-Rivers Scholarship _____ \$25.00 \$ _____

_____ District Missionary _____ \$10.00 \$ _____

_____ State Little Church – each Missionary give a penny a day \$ _____

_____ State Youth Camp Donation \$ _____

_____ Association Building Improvement Fund Donation \$ _____

TOTAL Reported in this Session. \$ _____

DO NOT WRITE BELOW THIS LINE

Date Received: _____ Amount Received _____ # of Kits: _____

PLEASE MAIL CHECK TO: FWFBDA Woman's Auxiliary
 PO Box 6601
 Pensacola, FL 32513