

Virginia Baptist State Convention

Deacon and Deaconess Auxiliary

Deacon Danny Miller, President

Annual Fall Session - VIRTUAL
Saturday, October 10, 2020

9:00 a.m. - 12:00 noon

(8:30 a.m. * Meet in the Waiting Room)

(Enjoy Music and visuals)

FELLOWSHIP * WORD OF GOD * WORKSHOPS



By Way of **ZOOM!**

The Link will be sent by October 1st
to all who register and provide an email!

(This is a free AP you can download on your computer, iPad or phone)

Theme:

**“Rediscovering the Kingdom of God”-
Through Transformational Discipleship**

*“But seek ye first the kingdom of God, and his righteousness: and all
these things shall be added unto you.” - Matthew 6:33 (KJV)*

Thematic Message: Rev. Luther Allen, Pastor

First Lynnhaven Baptist Church – Virginia Beach, VA

REGISTRATION: \$10.00 per person

Make checks payable to: VBSC - DDA

Registration Deadline: September 20, 2020 / Must include EMAIL Address

Mail to: Deacon Walter Robinson / Contact # (276) 806-3389

600 Parkway Drive * Martinsville, VA 24112

For additional information, please contact:

Deaconess Valeria Edwards

(336) 418-0366

Deacon Joseph Kock

(240) 234-2425



THE VIRGINIA BAPTIST STATE CONVENTION, INC.
Deacon and Deaconess Auxiliary
VIRTUAL FALL SESSION – October 10, 2020



OFFICIAL REGISTRATION FORM –
DEADLINE: SEPTEMBER 20, 2020

INSTRUCTIONS

Please type or print legibly in sections that apply. Make checks/money orders payable to VBSC - DDA.
Please mail to: Deacon Walter Robinson * 600 Parkway Drive * Martinsville, VA 24112

SECTION I – INDIVIDUAL INFORMATION (unless couple or group using same email)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ **Email** _____

Association Name _____

Registration: \$10.00 per person

Please check one:

<input type="checkbox"/>	Deacon
<input type="checkbox"/>	Deaconess
<input type="checkbox"/>	Minister
<input type="checkbox"/>	Other (specify) _____

TOTAL # _____ X \$10.00 =

\$ _____ ENCLOSED

(Please write all checks payable to VBSC - DDA)

FOR OFFICIAL USE:

DATE _____ CASH _____ CHECK # _____ OTHER _____ RECEIPT GIVEN _____

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Memorials

Please list the names of any Diaconate Ministry members who passed since our 2019 Session. (October 2019 – present)

Name of Church _____

Address _____

NAME OF DEACON OR DEACONESS		# YEARS SERVED

Please return with the registration form by 9/20/2020. Thank you!