

THE VIRGINIA BAPTIST STATE CONVENTION, INC.

2025 MID-YEAR SESSION

PARENT BODY OFFICIAL REGISTRATION FORM DR. WADDELL G. JONES, JR., PRESIDENT

INSTRUCTIONS

Please type or print legibly in sections that apply. To pre-register, this form and appropriate registration fees must be submitted by October 15th, 2025. Please mail to: The Virginia Baptist State Convention, Inc. 50 Moral Hill Dr. Axton, VA 24054. Checks made payable to Virginia Baptist State Convention, Inc.

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SECTION I - INFORMATION				
First Name:		Last Name:		
Address:		City:	State:	Zip:
Phone Number:		Email Address:		
Church Name:		Pastor's Name:		
Church Address:		City:	State: Zip:	
Church Phone Number:		Church Email Address:		
Association Name:		Moderator's Name:		
Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
	PLEASE SELECT YOU	UR CHURCH AFFII	LIATION	
The Progressive National Baptist Convention,Inc.	National Baptist Convention U.S.A., Inc.	Foreign Mission		National Baptist Convention of America
National Missionary Baptist	American Baptist	Full Gospel	Baptist	Southern Baptist Convention
SI	ECTION II – REGIST	RATION FEES: 1	PLEASE CH	ECK ONE
Church \$175	Association \$250			Individual \$100
			TOTAL DUE REGISTRATION:	
SECTION III - CONTRIBUTIONS: P.	LEASE INDICATE THE AN	MOUNT YOU WISH T	O DONATE IN	N THE SPACES PROVIDED
MISSIONS CONTRIBUTIONS		EDUCATION CONTRIBUTIONS		
The Baptist Center of VA \$		VUU SDP School of Theology \$		
Evangelism Board \$		Virginia University of Lynchburg \$		
Foreign Mission \$				
Home Mission Board \$				
	DEPARTMENT C	CONTRIBUTIONS		
Christian Education \$		Women In Ministry \$		
Deacon/Deaconess \$		Ushers \$		
Young Pastors & Ministers \$		Youth & Young Adult \$		
				CONTRIBUTIONS: