

**USHERS & HEALTH MINISTRIES**  
Auxiliary to  
**GENERAL MISSIONARY BAPTIST CONVENTION**  
**of GEORGIA, INC.**  
Rev. Dr. Clarence Moore, President

Dr. J. R. Hatney, State Ministerial Advisor

Sister Brenda Eason, State Coordinator

**PLEASE PRINT**

District \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_ Annual Conference \_\_\_\_\_

**MESSENGER**  
(Personal Registration)

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_  
(Street, City, State)

Phone# \_\_\_\_\_ E:Mail \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_  
(Street, City, State)

Pastor's Name \_\_\_\_\_

Method of Payment: Check # \_\_\_\_\_ Cash (On-site only) \_\_\_\_\_ Total Payment \_\_\_\_\_

Statistics: Usher \_\_\_\_\_ Health Professional \_\_\_\_\_ Other Messenger \_\_\_\_\_

CONFERENCE YEAR OF CLASS ATTENDANCE (To receive class credits, must attend two classes)

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> & above \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_