

Please copy this form as many times as needed if you have a group registering from your church. If you should have any questions, feel free to contact Alan Saunders, secretary of Nationwide at 770-914-7388 ext 246.

# 2010 REGISTRATION FORM

Cost of registration for yearly membership is \$20. Please complete the registration form and mail it with payment to:  
**Nationwide Independent Baptist Fellowship, 850 Mill Road., McDonough, GA 30253.**

Mr.    Mrs.    Miss    Dr.    Rev.    Other

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I AM A :  Pastor    Assistant    Youth Minister    Music Minister    Missionary    Evangelist    Other \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_ CHURCH PH: (    ) \_\_\_\_\_ - \_\_\_\_\_

CHURCH MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEB SITE: \_\_\_\_\_

**PAYMENT**

CHECK

VISA:

CARD NUMBER \_\_\_\_\_

MONEY ORDER

MASTERCARD:

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CSV (ON BACK)



\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
BILLING ADDRESS