1201 North H Street • P.O. Box 6601 • Pensacola, Florida 32513
Website: www.fwfbda.org
Rev. Dr. Michael Steward, Moderator

PARENT BODY REGISTRATION

You Must Register with The Parent Body to Register with Any Other Departments

Church Name_____

Addresss_____

City_____ State_____ Zip_____

Phone Number_____ Fax Number_____

Church Email_____

Pastor's Name_____

Pastor's Email_____

ASSOCIATION FEES

Church Membership	Fee	Number of Delegates
10-99	$100.00	2
100-199	$150.00	4
200-299	$200.00	6
300 – 499	$250.00	8
500 & above	$300.00	10

Association Fee Amount $_____ Baptist Center Donation $_____

Gross Amount $_____

Pre-Registration ends 2 weeks prior to District Association.
Make checks payable to: First West Florida Baptist District Association
Mail to: First West Florida Baptist District Association, P.O. Box 6601, Pensacola, FL 32513

----------DO NOT WRITE BELOW THIS LINE----------

Date: _____ Pastor Kit: _____ Amount Received $_____

Received by: _____ Signature: _____