



PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.

601 – 50th Street, NE Washington, DC 20019, 202-396-0558

ANNUAL SESSION MEMBER-DELEGATE REGISTRATION FORM

ANNUAL SESSION CHURCH REGISTRATION FEE -\$200.00

Church Name _____
 Address _____
 City _____ State _____ Zip _____
 Pastor's Name _____
 Pastor's Email _____ Pastor's Cell (____) _____
 Church Phone (____) _____ Fax (____) _____ # Church Members _____
 church email _____

DELEGATE REGISTRATION FEE \$100.00 PRE-REGISTRATION – ON SITE \$125.00

Under Bylaws Article Section 1a: Every Baptist Church admitted to the Convention shall contribute to the Convention at least 1% of the Church's annual receipts of the operating budget for the previous year, and each Church shall be entitled to the following number of delegates to the Annual Session:

1,500 members or more	15 voting delegates
1,000 members to 1,499 members	12 voting delegates
800 members to 999 members	10 voting delegates
500 members to 799 members	8 voting delegates
499 members or less	5 voting delegates
State Convention	2 voting delegates
State Fellowship	2 voting delegates
Association	1 voting delegate

NAME

EMAIL

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

Method of Payment: Check [] Check No. _____ Credit Card [] Type: _____

Credit Card # _____ Exp. Date: _____ CVS _____

Name as it Appears on Card _____ Total Amount Remitted \$ _____



PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.

601- 50TH STREE N.E. * WASHINGTON, DC 20019 * www.pnbc.org

[OFFICE] 202-396-0558 * 800-876-7622 * [FAX] 202-398-4998

ANNUAL SESSION ORGANIZATION REGISTRATION FORM

ORG TYPE: CHURCH – 200.00 [] * CONVENTION – 200.00 [] * ASSOCIATION - 200.00 [] * FELLOWSHIP – 200.00 []

ORG: NAME _____
ORG. ADDRESS _____
CITY _____ STATE _____ ZIP _____
ORG PHONE () _____ ORG FAX: _____
ORG EMAIL: _____
ORG WEBSITE: _____

PART TWO: OFFICER INFORMATION

OFFICER NAME: _____ POSITION: _____
ADDRESS: _____
CITY: _____ STATE _____ zip _____
PHONE _____ CELL PHONE _____
EMAIL: _____

I AM INTERESTED IN JOINING PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.

YES [] NO []

PAYMENT AND REMITTANCE DETAILS

Method of Payment: [] Check [] Money Order Credit Card [] AE [] VISA [] Mastercard [] Discover
Credit Card # _____ Signature _____
Please Print Name as it Appears on Card: _____ Expiration Date: _____
Remittance Schedule: Annual _____ Semi-Annual _____ Quarterly _____ Monthly _____ Weekly _____
Applicant Signature _____ Date _____

Total Amount Remitted \$ _____

CREDIT CARD PAYMENTS MAY BE FAXED TO * 202-398-4998 *or *emailed membership@pnbc.org

Other payment options:

PNBC www.pnbc.org – Givelify Option * Paypal https://www.paypal.com/donate?hosted_button_id=NHLB6QBABF5PA

Return completed form to: PNBC * 601 50th St N.E. * Washington, DC 20019



PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.

Individual Annual Session Registration Form

NOTE: All individuals aged 21 and older registering for the PNBC Annual Session must pay the PERSONAL REGISTRATION FEE OF \$100 [pre-registration] or \$125 [on-site]. Congress & departmental fees are paid in addition to the personal registration fee.

Please type or print clearly. FORM MUST INCLUDE HOME ADDRESS

(Mr., Mrs., Ms., Minister, Rev., Dr.)

TITLE _____ FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ HOME PHONE _____ CELL PHONE _____

PRE-REGISTRATION DEADLINE: July 21, 2023

FEES: Payment MUST accompany registration.

Personal Registration Fee: \$100.00 [PRE-REGISTRATION] \$125.00 [ON-SITE]

***Visitor Fee: \$150.00 *Visitors are persons attending whose church is not a member of PNBC**

I AM REGISTERING AS A Messenger Visitor \$ _____

Church Information

CHURCH NAME _____

PASTOR'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH PHONE _____ CHURCH FAX _____

YOUTH/YOUNG ADULT TO AGE 20 - PERSONAL REGISTRATION FEE IS \$25.00

I AM REGISTERING AS A Youth \$ _____ Young Adult \$ _____

Individuals under age 18 must complete the information below:

Parent/Guardian at the Convention: _____

Hotel: _____ Room: _____

Cell Phone Number: _____

Allergies/Allergic to: _____

Method of Payment: Check Money Order Credit Card AMEX VISA Mastercard Discover

Credit Card # _____ Expiration Date: _____

Please Print Name as it Appears on Card: _____

Signature of Cardholder: _____

TOTAL AMOUNT REMITTED: \$ _____

FOR OFFICIAL USE ONLY

Amount Received: \$ _____ Processed by: _____ Date: _____

**RETURN FORMS TO: PNBC • 601 50TH STREET, NE • WASHINGTON, DC 20019 • 202-396-0558
CREDIT CARD PAYMENTS MAY BE FAXED TO 202-398-4998 OR EMAILED TO membership@pnbc.org**



PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.

Congress of Christian Education

Registration Form

NOTE: All individuals aged 21 and older registering for the PNBC Annual Session must pay the PERSONAL REGISTRATION FEE OF \$100 [pre-registration] or \$125 [on-site]. Congress fees are paid in addition to the personal registration fee.

CHECK APPROPRIATE AGE GROUP:
 Child 5-11 Youth 12-18 College/Career/Young Adult 19-25
 Young Adult 26-39 Adult 40-60 Adult 61-78 Adult 79+

**Please indicate the course you are registering for when submitting the registration form.
Payment must accompany registration form.**

COURSE _____ COURSE # _____

TITLE _____ (MR., MRS., MS., MINISTER, REV., DR.)

NAME _____

LAST 4 DIGITS OF SOCIAL SECURITY NO. _____

EMAIL ADDRESS _____

HOME ADDRESS _____

CITY STATE ZIP _____

DAYTIME PHONE _____ CELL _____

CHURCH _____

CHURCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

PASTOR'S NAME _____

CHURCH PHONE NUMER (____) _____ FAX NUMBER (____) _____

DIRECTOR/MINISTER OF CHRISTIAN EDUCATION _____

GENERAL CONGRESS CLASS \$35.00 **AFTER July 21, 2023 - \$40.00**
PASTORS & MINISTERS DIVISION \$125.00 [pre-registration] **\$150 [on-site]**

Method of Payment: Check Money Order Credit Card
 AMEX VISA MASTERCARD DISCOVER
Credit Card # _____ Expiration Date: _____
Please Print Name as it appears on Card: _____
Signature of Cardholder: _____
TOTAL AMOUNT REMITTED: \$ _____

**ATTACH TO CHURCH OR PERSONAL REGISTRATION FORM & RETURN BY FRIDAY, JULY 21, 2023
TO: PNBC HEADQUARTERS * 601 – 50th Street, NE * Washington, DC 20019
CREDIT CARD PAYMENTS MAY BE FAXED TO 202-398-4998 OR EMAILED TO membership@pnbc.org**



PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.
Health Ministry Individual Commitment Form

Please type or print clearly. FORM MUST INCLUDE HOME ADDRESS

(Mr., Mrs., Ms., Minister, Rev., Dr.)

TITLE _____ FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ HOME PHONE _____ CELL PHONE _____

Church Information

CHURCH NAME _____

PASTOR'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH PHONE _____ CHURCH FAX _____

1. Personal Commitment (\$1.00 per week)	\$52.00
2. Registration for churches, district associations, state conventions (\$50.00 each)	
Local Church _____	\$ _____
District Association _____	\$ _____
State Convention/Fellowship _____	\$ _____
3. Additional Revenue:	
Special Project _____	\$ _____
Health Fair Contribution _____	\$ _____

[Payment must accompany form] Method of Payment: Check Money Order
 Credit Card AMEX VISA Mastercard Discover

Credit Card# _____ Exp. Date: _____

Print Name as it appears on card: _____

Signature of Cardholder: _____

TOTAL REMITTED: \$ _____

**RETURN COMPLETED FORMS TO: PNBC 601 - 50TH STREET, NE WASHINGTON, DC 20019
CREDIT CARD PAYMENTS MAY BE FAXED TO 202-398-4998 OR EMAIL TO membership@pnbc.org**



PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.

Women's Department Individual Registration Form

Edna I. Holloway, Vice President at-Large

Please type or print clearly.



(Mrs., Ms., Minister, Rev., Dr.)

TITLE _____ FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ BIRTHDAY: MONTH _____ DAY _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

CHURCH / ADDRESS / ZIP _____

PASTOR / PHONE _____

PART A ALL INCLUSIVE OR PERSONAL REGISTRATION WILL PUT YOUR NAME ON THE MAILING LIST

\$100 All Inclusive Registration

(\$25 Personal Registration; \$35 Special Project; \$25 Unit; \$15 M.L.Wormley Scholarship)

Name of Unit _____ (See code list on back of page)

PART B ITEMIZED CONTRIBUTIONS TO WOMEN'S DEPARTMENT (If unable to pay \$100 all inclusive registration)

(T5) Personal Registration \$25.00 \$ _____ () Unit Only \$25.00 or more \$ _____ (Code on Back)

(U1) Local Outreach \$5.00 or more \$ _____

(U7) Special Project \$35.00 (indicate your region) \$ _____ (_ Eastern _ Midwest _ Southern _ Southwest _ International)

(UE) ML Wormley Scholarship \$15.00 or more \$ _____ TOTAL \$ _____

PART C GROUP REGISTRATION:

(UG) Local Missionary/Women's Ministry \$50.00 or more \$ _____ Name _____

(UK) District/Associations \$100.00 or more \$ _____ Name _____

(UL) State Convention/Fellowship \$200.00 or more \$ _____ Name _____

(UH) Progressive Day of Prayer (June) \$ _____ Name _____

(UD) Women's World Day of Prayer (Nov) \$ _____ Name _____

(UH) MISCELLANEOUS \$ _____ Name _____ TOTAL \$ _____

PART D SPECIAL REGISTRATION:

(UM) Women's Luncheon \$ 75.00 # of Tickets _____ \$ _____ TOTAL \$ _____

MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO: PNBC (Memo - Women's Department)

Method of Payment: ___ Check ___ Money Order ___ Credit Card (___ AMEX ___ VISA ___ Mastercard ___ Discover)

Credit Card # _____ Expiration Date: _____

Please Print Name as it appears on Card: _____

Signature of Cardholder: _____

TOTAL AMOUNT REMITTED: \$ _____

FOR OFFICIAL USE ONLY

Amount Received: \$ _____

Processed by: _____

Date _____

**RETURN FORMS TO: PNBC • 601 50TH STREET, NE • WASHINGTON, DC
 PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.
 WOMEN'S DEPARTMENT KEY CODE LISTING**

CODE	DESCRIPTION
T8	20 WU ADVOCATES FOR CHRIST
TA	20 WU BUSINESS/PROFESSIONAL WOMEN
TC	20 WU CHILD WELFARE/HOME & FAMILY LIFE
TD	20 WU CHRISTIAN CITIZENSHIP & OUTREACH
TF	20 WU CLERICAL
TG	20 WU COURTESY
TH	20 WU DEACONS/DEACONESS/TRUSTEES (Wives)
TB	20 WU EVANGELISM
TM	20 WU HEALTH EDUCATION / NURSE MINISTRY
TO	20 WU MISSIONS (HOME & GLOBAL)
TR	20 WU LEADERSHIP EDUCATION/LITERATURE
TU	20 WU LOVE & SUNSHINE
TW	20 WU MASS MEDIA (NEWSLETTER)
TX	20 WU MINISTERS' WIVES & WIDOWS
TQ	20 WU MINUTE & KEY WOMEN
U	20 WU MUSIC
U0	20 WU MEMORIALS (NHB; MLK; UMA; VA)
U2	20 WU PAGEANTRY & DRAMA
U3	20 WU EXHIBITS (ARTS & CRAFTS / ROSE & LILY)
U4	20 WU SOCIAL CHANGE / MORAL REFORM
U5	20 WU SPIRITUAL LIFE
U6	20 WU STEWARDSHIP & TEMPERANCE



PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.
Ushers Ministry Individual Commitment Form

Please type or print clearly. FORM MUST INCLUDE HOME ADDRESS

(Mr., Mrs., Ms., Minister, Rev., Dr.)

TITLE _____ FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ HOME PHONE _____ CELL PHONE _____

Church Information

CHURCH NAME _____

PASTOR'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH PHONE _____ CHURCH FAX _____

1. Personal Commitment (\$1.00 per week)	\$52.00
2. Registration for local churches, district associations, state conventions (\$50.00 each)	
Local Church _____	\$ _____
District Association _____	\$ _____
State Convention/Fellowship _____	\$ _____
3. Additional Revenue:	
Special Project (St. Jude Hospital) _____	\$ _____
Special Effort: Units – 11x \$5.00 each	\$55.00
Special Contributions (states that do not have associations, etc.)	\$50.00
World Day of Prayer _____	\$ _____

[Payment must accompany form] Method of Payment: ___ Check ___ Money Order
___ Credit Card ___ AMEX ___ VISA ___ Mastercard ___ Discover

Credit Card# _____ Exp. Date: _____

Print Name as it appears on card: _____

Signature of Cardholder: _____

TOTAL REMITTED: \$ _____

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PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.

Laymen's Department Individual Registration Form

Deacon Wallace Turman, Vice President at-Large

Please type or print clearly.

(Mr., Mrs., Ms., Minister, Rev., Dr.)

TITLE FIRST NAME MI LAST NAME

HOME ADDRESS

CITY STATE ZIP

HOME PHONE CELL PHONE EMAIL

CHURCH

PASTOR

ALL INCLUSIVE OR PERSONAL REGISTRATION WILL PUT YOUR NAME ON THE MAILING LIST (\$155.00) All Inclusive Registration includes: personal registration, sacrificial offering, t-shirt & reception.

Itemized contributions to Laymen's Department:

Personal Registration \$25.00 \$ Sacrificial Offering \$50.00 \$

Laymen's Reception \$40.00 \$ Laymen's Polo S-XL -\$30, 2XL- \$32, 3XL-\$34, 4XL-\$37, 5XL-\$40 \$

Church Registration for your Church \$50.00 \$ (Not included with All-Inclusive Registration)

Church Name:

MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO: PNBC (Memo - Laymen's Department)

Method of Payment: Check Money Order Credit Card (AMEX VISA Mastercard Discover)

Credit Card # Expiration Date:

Please Print Name as it Appears on Card:

Signature of Cardholder:

TOTAL AMOUNT REMITTED: \$

FOR OFFICIAL USE ONLY

Amount Received: \$ Processed by: Date:

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