

Dr. L. Gerome Smith, President
Dr. Torin Sanders, Executive Secretary



2022-2023 CHURCH REGISTRATION FORM

Church Name:
Address:
City/State/Zip Code:
Phone:
Fax:
Email:
Website:

Pastor's Name:
Address:
City/State/Zip Code:
Cell Phone:
Home Phone:
Fax:
Email:

- _____ Class A \$500.00
- _____ Class B \$400.00
- _____ Class C \$300.00
- _____ Class D \$200.00 (1 time new churches only)

Amount received: \$

Date:

Method: