

Registration Card
August 6, 2022

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Church: _____

Please circle which Association your Church is in:

BR-KC Clay Platte West Central

Check the appropriate box(es): Are you a.....

WOM or WMU Director ___Yes ___No

Baptist Women Director ___Yes ___No

Age Level Leader ___Yes ___No

WMU Member ___Yes ___No

Guest of WMU Member ___Yes ___No

Registration Fee Enclosed: \$_____

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