



HPEMBA, INC.
Rev. Billy Holder, Moderator

2025 ANNUAL SESSION

CHURCH REGISTRATION

Date : _____

CHURCH INFORMATION

Please print

Church Name :

Pastor Name :

Church Address : _____

Church Phone No. : _____ E-Mail : _____

Church Website : _____

PASTOR CONTACT INFORMATION

Where would you like to receive HPEMBA correspondence?

Mailing Address : _____

City : _____ Zip Code : _____

Home Phone : _____ Cell Phone : _____

Email Address : _____

LICENSED & ORDAINED MINISTER INFORMATION

LIST OF LICENSED AND ORDAINED MINISTERS REGISTERING THIS SESSION (\$50.00 each)

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

HPEMBA, INC

📍 PO Box 17336, Winston Salem, NC 27116

☎ 336-995-8366 (Executive Secretary)

🌐 www.hpassociation.com

ANNUAL SESSION

CHURCH REGISTRATION

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DELEGATE INFORMATION

How to Complete this section:

Depending on your Annual Contribution, you can have up to three delegates per session. Your delegates can be the same, or choose different delegates per session. The Pastor is always one delegate to the General Session.

HELPS MINISTRY

Delegate 1	:	<input type="text"/>
Delegate 2	:	<input type="text"/>
Delegate 3	:	<input type="text"/>

CONGRESS OF CHRISTIAN EDUCATION

Delegate 1	:	<input type="text"/>
Delegate 2	:	<input type="text"/>
Delegate 3	:	<input type="text"/>

WOMAN'S AUXILIARY

Delegate 1	:	<input type="text"/>
Delegate 2	:	<input type="text"/>
Delegate 3	:	<input type="text"/>

PARENT BODY/GENERAL SESSION

Delegate 1	:	<input type="text"/>
Delegate 2	:	<input type="text"/>
Delegate 3	:	<input type="text"/>



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ANNUAL SESSION

CHURCH REGISTRATION

REGISTRATION INFORMATION

How to Complete this section:

If your church is providing one source of payment and you are including individual registrants, please list their names here. For record keeping purposes, please include the names of all persons covered in the payment, including pastors, ministers and delegates. Pastors and ministers: \$50.00, Individuals: \$10.00

Church Name: _____

List of Registered Participants

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

Name : _____

ANNUAL SESSION CHURCH REGISTRATION

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CHURCH CONTRIBUTIONS FOR LOCAL, STATE AND NATIONAL OBJECTIVES

HPEMBA Annual Operation Funds are used to meet operational budget expenses including our national and international objectives as allocated in the budget for the parent body. These objectives include, but aren't limited to the Central Children's Home, Shaw Divinity School, the Lott Carey Convention, Women's Baptist Home and Foreign Missions, and the JJ Johnson Baptist Assembly. Please indicate how you would like your submitted assessments to be allocated. If mailing this form in, please attach all checks to the form before submitting.

Amount of Annual Operational Assessment Funds Submitted This Year (Aug. 2024-July 2025) \$ _____. ____
Amount of Association Operational Assessment Brought to this Session \$ _____. ____
Total of all Association Assessment Funds submitted year-to-date *\$ _____. ____

*Total voting delegates are determined by the following:

1 Delegate per session - any amount; 2 Delegates per session - \$800-\$1199; 3 Delegates per session - \$1200+

Individual Registration for this session (from pg. 3) \$ _____. ____
Pastor and Minister Yearly HPEMBA Assessment (from pg. 1): \$50.00 x ____ (# of pastors/ministers) \$ _____. ____
Youth and Children's Trac Contribution (Recommended at \$200) \$ _____. ____
Youth & Children's Trac Registration: \$15.00 x ____ (# of Youth) **Total** \$ _____. ____

Woman's Auxiliary

*Quarterly Missionary Representation \$ _____. ____

*365 Project \$ _____. ____

*Other _____ \$ _____. ____

HPEMBA Scholarship Fund \$ _____. ____

HPEMBA Church Aid and Support \$ _____. ____

HPEMBA Retired Ministers Fund \$ _____. ____

Shaw University: \$ _____. ____ Divinity School: \$ _____. ____ **Total** \$ _____. ____

Central Children's Home \$ _____. ____

General Baptist State Convention (GBSC) \$ _____. ____

Woman's Baptist Home & Foreign Missions Convention (GBSC) \$ _____. ____

Foreign Missions (Lott Carey Convention) \$ _____. ____

Other: _____ \$ _____. ____

Total Submitted at this Session (Include all checks/monies) \$ _____. ____

OFFICE USE ONLY

Date: _____

Cash: _____ Check: _____ How many? _____

Check no.: _____

Memo: _____

Check no.: _____

Memo: _____

Check no.: _____

Memo: _____