

#### Date : \_\_\_\_\_

	CHURCH I	NFORM	MATION			
Pl	ease print					_
Church Name		:				
Pa	astor Name	:				
Cł	nurch Address					
Cł	nurch 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	:	
Name	: _	

#### HPEMBA, INC

- PO Box 17336, Winston Salem, NC 27116
- Secretary)
- www.hpassociation.com

## **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	:	
Delegate 2	:	
Delegate 3	:	

#### CONGRESS OF CHRISTIAN EDUCATION

Delegate 1	:	
Delegate 2	:	
Delegate 3	:	

#### WOMAN'S AUXILIARY

Delegate 1	:	
Delegate 2	:	
Delegate 3	:	

#### PARENT BODY/GENERAL SESSION

Delegate 1	:	
Delegate 2	:	
Delegate 3	:	



## **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 :	



## 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. <u>Please indicate how you would like your submitted assessments to be allocated.</u> If mailing this form in, please attach all checks to the form before submitting.

Amount of Annual Operational Assessment Funds Submitted This Year (Aug. 2025-July 2026)	\$
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

Check:	How many?	
	Check:	Check: How many?