



# Southwest Missionary Baptist Association, Inc.

*Pastor Bonji F. Arvie, General President*

Mailing Address: 2124 5<sup>th</sup> Street, Lake Charles, Louisiana 70601

Physical Address: 161 Sunnyside Avenue, Opelousas, Louisiana 70570

Phone Number: 337-326-1326 • Email Address: [southwestmba22@gmail.com](mailto:southwestmba22@gmail.com)

Website: [www.southwestmba.org](http://www.southwestmba.org) • Facebook: SWMBA

<b>Date:</b> _____	<h2 style="color: green;">Registration Form</h2>
<b>Session:</b>	
<input checked="" type="checkbox"/> Annual Session <input type="checkbox"/> Continued Session <input type="checkbox"/> Mid-Winter Session <input type="checkbox"/> Leader "Shift" Conference	
<b>Event Date:</b> <u>June 8<sup>th</sup> thru 12<sup>th</sup>, 2024</u>	
<b>Location:</b> <u>Ninth M. B. C. – Rev. Darwan T. Lazard Pastor</u>	
<u>726 N. Latour Street</u>	
<u>Ville Platte, LA 70586</u>	

**Church Registration Information:**

Church Name: \_\_\_\_\_

Pastors Name: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No: \_\_\_\_\_

Church Email Address: \_\_\_\_\_

**Individual Registration Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Name: \_\_\_\_\_ Pastors Name: \_\_\_\_\_

Financial Obligations:	How Many?	Total
<b>Church-Parent Body</b> (Write "EXEMPT" in total if you give monthly towards CAP)    \$150.00	_____ x \$50.00	\$
<b>Congress</b> \$100.00		\$
<b>Education/Scholarship</b> \$225.00		\$
<b>Home &amp; Foreign Mission</b> \$125.00		\$
<b>Evangelical Board</b> \$ 50.00		\$
<b>Auxiliaries (please mark each)</b> \$ 50.00		\$
<input type="checkbox"/> Children & Youth <input type="checkbox"/> Millennials/Young Adults <input type="checkbox"/> Usher's <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Women's Mission Auxiliary <input type="checkbox"/> Music <input type="checkbox"/> Men's Auxiliary/Brotherhood <input type="checkbox"/> Minister Wives		
<b>Pastor</b> (Write "EXEMPT" in total if you give monthly towards CAP)    \$ 30.00		\$
<b>Officer(s)</b> Please List..    \$ 25.00	_____ x \$25.00	\$
Name _____ Name _____ Name _____ Name _____		
<b>Adult(s)</b> Please List...    \$ 20.00	_____ x \$20.00	\$
Name _____ Name _____ Name _____ Name _____		
<b>Youth(s)</b> \$ 10.00	_____ x \$10.00	\$
<b>TOTAL AMOUNT SUBMITTED</b>		<b>\$</b>

**For Office Use Only:**

Date Received: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Received by: \_\_\_\_\_

Cash  
 Check-Check No.: \_\_\_\_\_  
 Cash App [http://cash.app/\\$SWMBA](http://cash.app/$SWMBA)  
 Givelify <https://giv.li/dsjhz0>