



*The United Baptist Missionary Convention*

& AUXILIARIES OF THE STATE OF MARYLAND, INC  
 2516 Edmondson Avenue • Baltimore, Maryland 21223

Voice: 410.523.2950 • Fax: 410.523.0258 • E-mail: [executivesecretary@ubmcofmd.com](mailto:executivesecretary@ubmcofmd.com)

**NINETY-THIRD ANNUAL SESSION  
 REGISTRATION FORM & DELEGATES REPORT**

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

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

(city) (state) (zip code)

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Website Address: \_\_\_\_\_

Pastor or Executive Leader: \_\_\_\_\_

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

(city) (state) (zip code)

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Church Membership Number	
Sunday School Enrollment	

The Representation Fee pays for the Pastor and Two Delegates. The fee for additional Delegates is \$25.00 per person. Please list each delegate's name and contact information below:

Delegate's Name	Mailing Address	Telephone Number	Email Address
	_____		
	_____		
	_____		
	_____		
	_____		