



Florida Women's Worship Choir 2010 Registration

Return To:
Church Music Department
Florida Baptist Convention
1230 Hendricks Avenue, Jacksonville, FL 32207

Name: _____

Home Address: _____

City _____ State _____ Zip Code _____ Home Phone: (____) _____

E-Mail Address: _____

(PLEASE PRINT LEGIBLY)

Work Phone # (____) _____ (May we call you there? Yes No)

Church: _____ City: _____

Voice Part: 1st Soprano 2nd Soprano 1st Alto 2nd Alto

Complete if you are the minister of music:			
Church Address: _____			
_____	_____	FL	_____
City		State	Zip
Church Phone #: (____) _____		Church Fax # (____) _____	
If Full-time, number of years at this church: _____		Service Anniversary Date: _____	

Orchestra Members Only: Instrument(s): _____
Last Chair Held: _____

Make check payable to: Florida Baptist Convention

ANNUAL MEMBERSHIP: \$30 RETREAT: \$30

Check enclosed for \$ _____
 I will pay \$ _____ at the retreat

CHURCH MUSIC OFFICE ONLY	
Retreat: \$30	<input type="checkbox"/>
Membership: \$30	<input type="checkbox"/>

Credit Card: Master Card VISA Account # _____

Security Code _____ Exp Date _____

Amount to charge _____

Print Cardholder Name: