

LEBANON VIRGINIA BAPTIST ASSOCIATION and ALLIED BODIES REGISTRATION INFORMATION

Name:		Date:	
Address:			
	Telephone:		
Church or Institution:	·		
Check the Appropriat	e Box:		
€Delegate	€Visitor	€Facilitator	€Other
Winter Session	Spring Session	AnnualSession	Fall Session
Name:		Date:	
Address:			
		Telephone	:
Church or Institution:	:		
Check the Appropriat	e Box:		
€Delegate	€Visitor	€Facilitator	€Other
Winter	Spring Session	Annual Socian	Fall Sossion