**Arkansas State Association of Free Will Baptists**

**2024 State Meeting**

**Registration Form**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registering as:

 \_\_\_\_\_ Minister

 \_\_\_\_\_ Deacon

 \_\_\_\_\_ Delegate (church)

 \_\_\_\_\_ Delegate (district)

 \_\_\_\_\_ State Officer

 \_\_\_\_\_ Board Member

 \_\_\_\_\_ Missionary

 \_\_\_\_\_ Visitor (non-voting)

Do you wish to be included in the State Office email correspondence?

 \_\_\_\_\_ Yes

 \_\_\_\_\_ No

**One form per person**

ARFWB State Office:

PO Box 2110

Conway, AR 72033