

**REGISTRATION
FULL-TIME EVANGELIST
CERTIFIED BY A GEORGIA BAPTIST CHURCH**

Office of the Executive Director
Georgia Baptist Mission Board
6405 Sugarloaf Parkway
Duluth GA 30097-4092

Dear Sir:

I am a Baptist minister serving as a full-time evangelist in fellowship with a church in cooperation with the Georgia Baptist Convention. This is to request that my name be included on the *List of Full -Time Evangelists Certified by a Georgia Baptist Church* which will appear in the next *Georgia Baptist Convention Annual Report*.

() I am ordained

() I am not ordained

(Signed) _____

Recommendation by Pastor

This is to certify that _____ of _____, Georgia, is a Georgia Baptist evangelist in full fellowship with the _____ Church of the _____ Association. He is in sympathy with and supports the program of work of the Georgia Baptist Convention, and I recommend that his name be placed on the list of full-time evangelists that will be included in the next issue of the *Georgia Baptist Convention Annual Report*.

Signed _____, pastor

_____ Baptist Church

_____ GA

**Full-Time Evangelist
Registration Information**

The following information is needed for registration. Please print and give all information requested.

Name (Please include prefix title) _____

Street _____ City _____ Zip _____

Church in which membership is held _____

Association _____

Current Date _____

(month) (day) (year)