**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