WAYLAND BLUERIDGE BAPTIST ASSOCIATION, INC.

15044 Ryland Chapel Road, Rixeyville, Virginia 22737
[Office] 540-937-2090 Email: info@wbrbainc.org
www.wbrbainc.org

MEMBERSHIP APPLICATION FORM

Check One: ☐ Church ☐ State Convention ☐ State Fellowship ☐ Association ☐ INDIVIDUAL MEMBER:

CHURCH NAME: _____

NAME (Individual Membership Only): _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PASTOR'S NAME _____ PASTOR'S PHONE (____)_____-_____

CHURCH PHONE (_____)_____-_____ FAX (_____)_____-_____

EMAIL_____ CELL PHONE (_____)_____-_____

CHURCH:

MEMBERSHIP FEE: PER ARTICLE 1, SECTION 1A OF THE WAYLAND BLUERIDGE BAPTIST ASSOCIATION BY-LAWS STATES, "EACH BAPTIST CHURCH ADMITTED TO THE ASSOCIATION MUST SELECT ONE OF THE MEMBERSHIP BELOW:

TYPE OF MEMBERSHIP: **NEW** ☐ **RENEWAL** ☐ **# OF CHURCH MEMBERS:** _____

☐ **General MEMBERSHIP: $250.00**

Premier Membership ($1200 Annually, $100.00 monthly) $_____

Gold Membership ($780 Annually, $65.00 Monthly) $_____

Silver Membership ($500.00 Annually, $41.66 Monthly) $_____

Note: MEMBERSHIP FEE FOR THE COMING YEAR DUE BY DECEMBER 31

OTHER ORGANIZATIONAL ANNUAL MEMBERSHIP FEES (Check One)

☐ **STATE FELLOWSHIP**: $500.00 ☐ **STATE CONVENTION**: $ 1,000.00 ☐ **ASSOCIATION**: $300.00

Remittance Schedule: Annual _____ Semi-Annual_____ Quarterly_____ Monthly_____ Weekly _____

Prepared By _____ Date _____

Signed By _____ Title _____

FOR OFFICIAL USE

Total Remitted $_____ Date Processed _____ Account # _____

Verified By _____