



Dr. L. Gerome Smith, President  
 Dr. Torin Sanders, Executive Secretary  
 CASH APP: \$Cornerstonembga

## 2025-2026 CHURCH REGISTRATION FORM

Church Name:
Address:
City/State/Zip Code:
Phone:
Fax:
Email:
Website:

Pastor's Name:
Address:
City/State/Zip Code:
Cell Phone:
Home Phone:
Fax:
Email:

\_\_\_\_\_ Class A \$500.00  
 \_\_\_\_\_ Class B \$400.00  
 \_\_\_\_\_ Class C \$300.00  
 \_\_\_\_\_ Class D \$200.00 (1 time new churches only)  
 \_\_\_\_\_ Annual Member \$50.00

Amount received: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Method: \_\_\_\_\_

Host Church: Host: Greater Old Zion Missionary Baptist Church  
 655 N. Rocheblave St., New Orleans, LA  
 Rev. Mat E. Turner, I, Pastor