



MEMBERSHIP

Tennessee Baptist Convention Secretaries Association

Name: _____

Address: _____

City/State/Zip: _____

Church/Association: _____

Title at church/association _____

Email: _____

Phone: (_____) _____

Birthdate _____

Payment—Please check one:

Members: \$25 TWO YEARS

Retirees: \$15 TWO YEARS

\$25 _____

\$15 _____

A membership card will be mailed to you. If you have questions please contact Heather Beard at hbeard@tnbaptist.org or 615.371.2061

Please mail your payment to:

Heather Beard
P.O. Box 682789
Franklin, TN 37068

Office use only:
Paid _____
Membership card sent _____
Representative been notified _____

