



NAMA 2023 Conference Registration

Name: _____ Position: _____

(Ministry Assistant, Pastor's Assistant, etc.)

Office: _____

(Church Name, Association Name, Convention Name, etc.)

Business Address: _____

City/State: _____ Zip Code: _____ Daytime phone: _____

Email: _____ Home/Cell Phone: _____

Is this your first NAMA Conference? _____ Total years service as a ministry assistant? _____

Fees enclosed:

NAMA Membership fee: *Please complete form on back and put total here.* \$ _____

Conference Fee

*NAMA Member \$320 [] Non-NAMA Member \$375 [] \$ _____

Spouse/Guest \$175: Name: _____ \$ _____

Total Amount Enclosed \$ _____

*If you are not sure you are a current member, please contact Holly Fields at namamembership@gmail.com

Make checks payable to NAMA.

Please mail check and registration form to Pam King, NAMA
FBC, Orange • 7637 Martin Luther King Jr Dr • Orange, TX 77632

Or you may complete registration online at nama-sbc.org

CANCELLATION POLICY:

After February 1, 2023, a refund is not available.



Membership Form

NAMA operates on the dues of its members. Office personnel active or retired from Southern Baptist churches, associations, state conventions, and denominational institutions and agencies can be a member of NAMA. Office personnel from other denominations can also join as an associate member.

NAMA
National Association of Ministry Assistants

With your membership you will receive electronic and printed newsletters, reduced registration fees for NAMA events as well as networking with your peers and the blessing of developing lifelong relationships.

Memberships run from January 1 to December 31 of each calendar year. Memberships are not transferrable and failure to renew the member dues for one calendar year requires that the individual pay the initial new member fee.

New Member Dues - \$30 Renewal Dues - \$25 Retiree Dues - \$10 Please complete the form below to join or renew your membership to NAMA.

PLEASE COMPLETE ONE FORM PER PERSON!

FULL NAME: First _____ Last _____

ORGANIZATION: _____

OFFICE ADDRESS: (Street/PO Box): _____

City _____ State _____ Zip _____

PHONE NUMBERS: Work () _____ Personal Cell () _____

EMAIL: _____

BIRTHDAY: Month _____ Day _____ Year (optional) _____

WHAT IS YOUR JOB POSITION? (Choose up to 3):

Receptionist ___ Financial ___ Student Ministry ___ Children's Ministry ___ Media Ministry ___ Worship Ministry ___

Pastor Assistant ___ Office Manager ___ Association Asst. ___ Convention Asst. ___ Only One in Office ___ Retired ___

Other _____

YEARS OF SERVICE: _____

Please indicate New Member: \$30 ___ Renewal: \$25 ___ Retired \$10 ___

Please fill out one form per person. Make check payable to NAMA and mail to our Secretary/Treasurer:

Pam King
FBC, Orange
7637 Martin Luther King Jr Dr
Orange, TX 77632