



GENERAL SYNOD REGISTRATION FORM

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS (for Synod packets): Street or PO Box _____

City, St, Zip _____

EMAIL ADDRESS: _____ PHONE: _____

CHURCH: _____ PRESBYTERY: _____

REGISTERING AS

(PLEASE SELECT ONE):

- *Minister – Voting Delegate.....Enter \$61.00 on this line _____
- *Ruling Elder – Voting Delegate.....Enter \$61.00 on this line _____
- Ruling Elder – Alternate
- Student/Licentiate under care of _____ presbytery
- Synod Staff
- Guest
- Reports OnlyEnter \$25.00 on this line _____
- Excused – No Reports

**Those entitled to sit as members of this court...see Form of Government, Chapter XIII, C.*

TOTAL _____

MAKE CHECKS PAYABLE TO: General Synod

Return check and completed form to:

Synod Registration

ARP Center

918 S. Pleasantburg Dr, Ste 127

Greenville, SC 29607