

National Adjutancy Academy 2009

REGISTRATION & ANNUAL MEMBERSHIP FORM

If you wish to register for the 2009 Adjutancy Academy or RENEW your 2009 membership, please complete the following:

- Mail: COGIC Adjutancy
1301 East Bay Street
Winter Garden, FL 34787
- Fax: 1.866.266.9182 (secure)
- The Web: www.cogicadjutancy.org
- Phone: 888-7Adjutant (888-723-5882)

Please note, if you registered in 2005 - 2008, and your pictures were taken, once your registration form is signed and returned, you will be pre-registered for the 2009 Academy. No lines, no waiting. Your badge will be mailed to you prior to AIM 2009 in Tampa, FL. In order to participate in "pre-registration" you must register either by mail, telephone, or the internet no later than June 12, 2009. If you should use telephone registration or "on-line" registration, you must fax your signed registration form in order for your pre-registration to be complete! For questions, please call the registrar at 407-905-2891 x 113...

2009 Registration Fees are as follows (Check One)

LATE / ON SITE REGISTRATION & BADGE REPRINTS ARE AVAILABLE FOR AN ADDITIONAL \$15.00 FEE!

- Certified Adjutant Overseer** (Designated by Bishop Williams) **\$150.00**
- Certified Adjutant Mother** (Designated by Bishop Williams and Mother Miller for 2009) **\$125.00**
- Returning & Renewing Member of the Corps** (Adjutant who is a Pastor, Elder, Minister, Brother, Missionary or Sister) **\$100.00**
 - I renewed in 2008 and am returning for 2009
 - I did not renew in 2008, but am seeking to renew
- Brand new Adjutant - \$100.00** (This is my first time in the Adjutancy)
- Observer** (I would like to observe the Academy and learn. I understand that I am not an adjutant, only an observer) **\$50.00**

Personal Information (Please Print):

Position in the Adjutancy (i.e., Adjutant Brother, Sister, Overseer, Chief Adjutant, etc...) _____

Jurisdiction: _____

Name: _____

TITLE

FIRST NAME

LAST NAME

Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Jurisdictional Approval / Certification

This section is to be completed for ALL ADJUTANTS, male and female...

Jurisdictional Bishop Name: _____

Jurisdictional Bishop Signature: _____

Local Pastors Signiture (if you are not a pastor) _____

This section is REQUIRED for ALL FEMALE ADJUTANTS only...

Jurisdictional Supervisor Name (Adjutant Sisters and Mothers Only): _____

Jurisdictional Supervisor Signature: _____

Payment Information

METHOD OF PAYMENT: (Make Checks Payable: **National Adjutancy**)

Check Amount \$ _____ Money Order Amount \$ _____ Check / Money Order#: _____

Charge My: MasterCard Visa Card No: _____

Expires: _____ Total amount authorized: _____

Signature: _____ Credit Card billing Zip Code: _____