

## REGISTRATION FORM

### *Association of Baptist Ministries with the Aging*

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Church Size (circle): Large Medium Small

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Please make check or money order **payable to ABMA.** (*Credit cards are not accepted.*)

Mail this form and payment to:

**Nancy Jones-Jakes**  
**Baptist Senior Life Ministries**  
**2240 North Hayden Road, Suite 102**  
**Scottsdale, AZ 85257**