National Adjutancy Academy 2019

REGISTRATION & ANNUAL MEMBERSHIP FORM

If you wish to register for the 2019 Adjutancy Academy or RENEW your 2019 membership, please complete the following:

Mail: **COGIC Adjutancy**

Fax: 1.866.550.9078 http://www.cogic.org/ The Web:

930 Mason Street Memphis, TN 38126

Phone: 901.947.9345

In order to participate in "Early Registration," your payment AND completed registration form must be received by mail, telephone, OR online no later than Tuesday, October 1, 2019. If you use "telephone" or "online" registration, you must fax your signed registration form for your early registration to be complete! For questions, please call the Adjutancy Office at 901.947.9345. All sessions will be held from November 6-10 at the The Marriott St. Louis Grant Hotel | 800 Washington Avenue, St. Louis, MO 63101 | 314.621.9600.

2019 REGISTRATION FEES (CHECK ONE)

LATE / ON-SITE REGISTRATION & BADGE REPRINTS ARE AVAILABLE FOR AN ADDITIONAL \$25.00 FEE!

Certified Adjutant Overseer (Designated by the Adjutant General in or before 2018) \$165.00

Certified Adjutant Mother (Designated by the Adjutant General and Adjutant Mother in or before 2018) \$140

Chief Jurisdictional Adjutant (Designated by the Jurisdictional Bishop) \$140.00

Returning & Renewing Adjutant (Adjutant who is a Pastor, Elder, Minister, Brother, Missionary or Sister) \$115.00

I renewed in 2018 and am returning for 2019

I did not renew in 2018, but am seeking to renew for 2019

International Adjutant - \$115.00

Brand New Adjutant - \$115.00

Observer (I would like to observe the Academy and learn. I understand that I am not an Adjutant, only an Observer) \$65.00

Adjutant General's Love Gift

Adjutant Mother's Love Gift					
Personal Information (Please Print): Position in the Adjutancy (i.e., Adjutant Brother, Sister, Overseer, Chief Adjutant, etc.) Jurisdiction:					
Name:	FIRST NAME		LAST NAME		
Address:					
Mailing Address:					
City:				p:	
Phone:		Fax:			
Email Address:					
	urisdictional App	oroval / Certific	ation		
This section is to	be completed by all AD	UTANT BROTHERS	& ADJUTANT SI	STERS	
Jurisdictional Bishop's Name:					
Jurisdictional Bishop's Signature	o:				
Local Pastor's Signature (if you					
This s	ection is REQUIRED for	ALL FEMALE ADJU	TANTS only		
Jurisdictional Supervisor's Name	e (Adjutant Sisters an	d Mothers Only):			
Jurisdictional Supervisor's Signa	ture:				
A COS COLLATE SEE . W.L.	Payment	Information		A 605 00 LATE 555	
A \$25.00 LATE FEE will be utomatically applied after (Please a	•	djutant General and A	7	A \$25.00 LATE FEE will be automatically applied after	

METHOD OF PAYMENT: (Make checks payable: National Adjutancy)

Check Amount \$	Money Order Amount \$	Check / Money Order#:			
Charge My: ☐MasterCard ☐Visa ☐AMEX Card No:					
Expires:	CVV (3 digit code)	Total amount authorized:			
Signature:	Credit Ca	ard Billing Zip Code:			