



NORTH CAROLINA ASSOCIATION OF FREE WILL BAPTISTS

PLEASE PRINT

First name: _____ Last name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone (_____) _____ - _____

Church: _____

Pastor: _____

Spouse:

First name: _____ Last name: _____

Email: _____

Phone (_____) _____ - _____

Beneficiary (*in case the spouse is not living at the time of death of a member*)

First name: _____ Last name: _____

Relation to member: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone (_____) _____ - _____

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