**REGISTRATION FORM**

**For the 148th Annual Meeting of the Atlantic Mission Society,**

**September 19–21, 2025.**

Please mail to the Registrar by **August 25, 2025.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auxiliary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presbyterial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a/an: (Please check **one.)**

Auxiliary Delegate \_\_\_\_\_\_ (Designated by the auxiliary)

Presbyterial Delegate \_\_\_\_\_\_ (Designated by the Presbyterial)

Presbyterial President \_\_\_\_\_\_

General Society Officer \_\_\_\_\_\_

Non-voting AMS Member \_\_\_\_\_\_ (All other AMS members)

Visitor \_\_\_\_\_\_

Meals: Please check all you will be in attendance for during the event.

*\_\_\_\_\_Saturday Lunch \_\_\_\_\_Saturday Banquet \_\_\_\_\_Sunday Lunch*

**Please note any dietary concerns or food allergies for yourself.**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please enclose a Registration Fee of $60.00.**

Make cheques payable to: **Pictou Presbyterial AMS**

**Registrar:** Shirley Forbes

Apt B, 152 Provost Street, New Glasgow, NS B2H 2P7

Phone: 902-752-1099

Email: sforbes@bellaliant.net