

Baptist Missionary Association of Mississippi
STATE ASSOCIATIONAL LETTER

The 212th Annual Session of the Baptist Missionary Association will
 convene at Southeastern Baptist College, Laurel, Mississippi on October 23-24, 2018

The _____ Baptist Church, located at
 (mail delivered to this address) _____ (city) _____ (state) _____ (zip) _____

(street address, highway, or community) _____

(Which town is church to be listed with in the directory?) _____

(Which local association is your church affiliated with?) _____

Church phone (____) _____ **Church e-mail** _____

- | | |
|--------------------|--------------------|
| Messengers: | Alternates: |
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Church Officers:
Pastor: _____ Phone (res) (____) _____ (cell) (____) _____
 Address _____ City _____
 State _____ Zip _____ E-mail _____

Music Director: _____ Phone (res) (____) _____ (cell) (____) _____
 Address _____ City _____
 State _____ Zip _____ E-mail _____

Asst. Pastor: _____ Phone (res) (____) _____ (cell) (____) _____
 Address _____ City _____
 State _____ Zip _____ E-mail _____

Clerk: _____ Phone (res) (____) _____ (cell) (____) _____
 Address _____ City _____
 State _____ Zip _____ E-mail _____

Church Membership: _____ **Date Church Organized:** _____

Avg. Sunday School Attendance: _____ **Avg. Christian Growth Attendance:** _____

FUNDS BROUGHT WITH THIS LETTER (Please designate money sent for the program fund. Any funds not designated will go to the State Minute and Associational fund) **Make checks payable to: BMA of Mississippi Minute Fund**
 State Minute and Association Fund \$ _____ Program Fund \$ _____

Approved by the _____ Church on this the _____ day of _____, 2018

Moderator: _____

See Other Side

Clerk: _____

Please list on this form the name, address and phone number of all other ministers in your church not listed on the other side.

NOTE: Please make a copy of this completed letter for your church records and bring the original with you to the meeting.

If you cannot be present at the meeting, please mail this letter to the following:

Justin Cameron, Clerk
208 Good Hope Rd Columbia, MS 39429
(Phone:601-325-3047) (email: justincameron@bellsouth.net)

MINISTERS NOT LISTED ON THE OTHER SIDE

(Licensed and Ordained)

Name_____

Name_____

Address_____

Address_____

Phone (____)_____

Phone (____)_____

Name_____

Name_____

Address_____

Address_____

Phone (____)_____

Phone (____)_____

Name_____

Name_____

Address_____

Address_____

Phone (____)_____

Phone (____)_____

List Ministers Only

LIST BELOW ANY **MINISTER** WHO WAS A MEMBER OF YOUR CHURCH

WHO PASSED AWAY SINCE THE FIRST OF SEPTEMBER THIS PAST YEAR

Name_____

Name_____

Date of Birth_____

Date of Birth_____

Date of Death_____

Date of Death_____

Name_____

Name_____

Date of Birth_____

Date of Birth_____

Date of Death_____

Date of Death_____