

STATE ASSOCIATION OF MISSIONARY BAPTIST CHURCHES OF ARKANSAS

Annual Messenger Meeting November 1 & 2, 2018 at the El Dorado Conference Center

Church Name _____ Phone (____) _____

Mailing Address of Church _____ City _____ State _____ Zip _____

Street Address of church if different _____ Email _____

Which Local Association does your church affiliate with _____

Pastor _____ Address _____

City _____ State _____ Zip _____

Email _____ Phone (____) _____

Clerk _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Treasurer _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Youth Director _____ Address _____

City _____ State _____ Zip _____

Email _____ Phone (____) _____

Music Director _____ Address _____

City: _____ State _____ Zip _____

Email: _____ Phone (____) _____

Ladies Auxiliary Contact Person _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone (____) _____

**Preachers in your congregation other than
Pastor listed above** (List additional preachers on back)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone (____) _____

**Ordained Ministers of your
Church who died this year**

Money enclosed with this form:

General Expense (Clerk Hire, Minutes and Meeting Expenses)	\$ _____
Other	\$ _____
	\$ _____
Thursday night Mission Offering (For State Missions)	\$ _____
Total Enclosed	\$ _____

Number of Messengers from your church attending this meeting (If representing by messenger)	_____
Number of Visitors attending	_____
Total attending from your church	_____
Minute books requested: (Unless ordering 2, please order in multiples of 5.)	_____ 2 _____ 5 _____ 10 _____ 15 _____ 20 _____ Other

Mail this form and your check to: **James Calhoun, P. O. Box 1500, Arkadelphia, Arkansas 71923.**
 Call James Calhoun at 870-403-1960 or e-mail jcalhoun3@suddenlink.net with any questions. Please make
 checks payable to: Arkansas State Association. **FORM & CHECKS MAY BE TURNED IN AT MEETING.**