

# STATE ASSOCIATION OF MISSIONARY BAPTIST CHURCHES OF ARKANSAS

Annual Messenger Meeting November 2 & 3, 2017 hosted by Sharon MBC, Benton

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](mailto:jcalhoun3@suddenlink.net) with any questions. Please make  
 checks payable to: Arkansas State Association. FORM & CHECKS MAY BE TURNED IN AT MEETING.