

STATE ASSOCIATION OF
MISSIONARY BAPTIST CHURCHES OF ARKANSAS
MISSIONARY RECOMMENDATION FORM

This form must be filled out completely and sent to the clerk of the state missionary committee. It must be received thirty (30) days prior to the annual state association messenger meeting.

New Recommendation [] Re-Recommendation [] Salary [] Designated Funds []

If for salary, amount of salary requested full [] or other [] specify amount \$ _____

MISSIONARY NAME _____ AGE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

YEAR SAVED _____ YEAR BAPTIZED _____ YEAR ORDAINED _____

Baptizing Church _____ City and State _____

Ordaining Church _____ City and State _____

Are you in full agreement with the doctrinal statement of the Arkansas State Association? _____

Years as recommended State Missionary _____ Years at present mission _____

MISSION FIELD:

PROPOSED AREA OF MISSION WORK _____

GIVE A BRIEF DESCRIPTION OF THIS MISSION WORK:

IF THIS IS A RE-RECOMMENDATION OR WORK ALREADY IN PROGRESS PLEASE COMPLETE THE STATISTICAL REPORT BELOW FOR THE PREVIOUS YEAR: (NOTE---9-1-09 through 8-31-10)

Professions of Faith _____ Additions: (B) _____ (L) _____ (O) _____

Averages: Sunday School _____ AM Worship _____ BTC _____ PM Worship _____

Mid-week Service _____ Mission Membership _____

RECOMMENDING CHURCH:

CHURCH NAME _____ PASTOR _____

PHONE _____ FAX _____

E-MAIL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

ADDITIONAL COMMENTS:

Date this recommendation was approved by the sponsoring church. _____

Church Moderator _____ Church Clerk _____

Date received by clerk of Missionary Committee. _____