

State Association of the Missionary Baptist Churches of Arkansas

(THIS FORM CAN BE FILLED OUT AND PRINTED OFF AT www.armissionarybaptist.com)

Church Name: _____ **Zipcode:** _____

Physical Address: _____ **City:** _____

Mailing Address: _____

Phone: (____) _____ - _____ **Email:** _____

Pastor: _____ **Address:** _____

Contact Information: _____

Clerk: _____ **Address:** _____

Treasurer: _____ **Address:** _____

Music Director: _____

Youth Director: _____

Do you have an active Ladies Auxiliary? Yes or No **Contact Person:** _____

Has there been a minister in your church that has passed away this past year, please go to armissionarybaptist.com and fill out the digital memorial form or you can list them on the back.

Please make all checks payable to: Arkansas State Association.

General Expense Offering: <small>(Clerk Hire, Minutes, Meeting Expenses and Books)</small>		Number of books requested If more than 2, please order in increments of 5.	
Thursday Night Mission Offering: <small>(State Missions)</small>		Number of messengers from your church.	
Total Amount Given:		Total number of people attending from your church.	

Number of Additional Preachers: _____ Please list them on the back.

Mail all forms to:	Arkansas State Association Gary Williams, Treasurer P.O. Box 592 Trumann, AR 72472
--------------------	---

Please contact Gary Williams with any questions. Call him at (870) 589 0673 or email him



armbcstatemissions@gmail.com

Scan the code to be directed to the website.