

# State Association of the Missionary Baptist Churches of Arkansas

(THIS FORM CAN BE FILLED OUT AND PRINTED OFF AT [www.armissionarybaptist.com](http://www.armissionarybaptist.com))

**Church Name:** \_\_\_\_\_ Zip code: \_\_\_\_\_

**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  No  **Contact Person:** \_\_\_\_\_

Is there a minister in your church that has passed away this past year? Yes \_\_\_\_\_ No \_\_\_\_\_

List them with information or email [armbcstatemissions@gmail.com](mailto:armbcstatemissions@gmail.com) with information.

**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 <b>If more than 2, please order in increments of 5.</b>	
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 additional page.

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](mailto:armbcstatemissions@gmail.com)

<u>Additional Preachers</u>	<u>Memorial</u>