

State Association of Missionary Baptist Churches of Arkansas

(THIS FORM CAN BE FILLED OUT AND PRINTED OFF AT 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: _____

If you have had a minister in your church that has passed away this past year, would you please send a photo and all the information about them. **List them with information or email 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 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.

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

