

2014 Association Letter for the Baptist Missionary Association of Missouri

or go to <http://bmalife.com/churchletter/>, enter your church information and print copies for all local, state and national associational needs.

Name of Church _____

Physical Address _____

City _____ State _____ Zip _____

Church Phone (_____) _____ Fax (_____) _____

Email _____ Website _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Pastor's Name _____ Same informaton as last year No pastor at present

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Clerk's Name _____ Same information as last year

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Messengers/Alternates

Minute Fund and Clerk Hire Sent \$ _____

Number of Minutes Requested _____

Our church would like to host the following Association Meeting(s):

Annual Meeting

Semi-Annual/Missions Symposium

Membership Statistics

Membership Last Year _____

Present Total Membership _____

Increase This Year	Decrease This Year
By Baptism _____	By Death _____
By Letter _____	By Letter _____
By Other _____	By Other _____

Sunday School Enrollment _____

Average SS Attendance _____

Average Worship Attendance _____

Financial Report

(Round off to the nearest whole dollar)

Pastor's Salary/Benefits	\$ _____
Pulpit Supply & Other Salaries	\$ _____
National BMA (All departments)	\$ _____
State BMA (All ministries)	\$ _____
Local BMA (All ministries)	\$ _____
All Other Expenses	\$ _____
Total All Expenses	\$ _____

**Please mail your church letter and minute fund offering to the Recording Clerk:
 Don Burke, 704 Valley Road, Potosi, MO 63664**

Ministers In Your Congregation (other than senior pastor)

Please supply the following information for licensed and ordained ministers in your church membership. (Attach extra sheet if necessary)

Name _____ Licensed Ordained

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Name _____ Licensed Ordained

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Name _____ Licensed Ordained

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

This letter approved by the church in conference on the _____ day of _____, 20 _____

_____ Moderator _____ Clerk

Petitionary Letter

This section is to be used only for churches wishing to petition fellowship into the
Association of the Baptist Missionary Association of MO

Church Name _____

Physical Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Church Phone (_____) _____ Fax (_____) _____

Email _____

Pastor's Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Church Clerk's Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Having adopted the Statement of Principles and the Doctrinal Statement of the BMA of MO,
we herewith petition for fellowship in this body.

Adopted by this church in conference on _____ day of _____, in the year 20 _____.

Moderator _____ Clerk _____