

2024 Association Letter for the Baptist Missionary Association of Missouri

Name of Church _____

Physical Address _____

City _____ State _____ Zip _____

Church Phone (_____) _____ Fax (_____) _____

Email _____ Website _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

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

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

Financial Report

(Round numbers 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	\$ _____

Membership Statistics

Membership Last Year	_____
Present Total Membership	_____
Increase This Year	Decrease This Year
By Baptism	_____
By Letter	_____
By Other	_____
Sunday School Enrollment	_____
Average SS Attendance	_____
Average Worship Attendance	_____

**Please mail your church letter and minute fund offering to:
BMA of Missouri Clerk, 704 Valley Road, Potosi, MO 63664**

Continued on the back.

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 Missouri

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 _____

Being in full agreement and willing to cooperate within the By-Laws and the Doctrinal Statement of the BMA of Missouri, we herewith petition for fellowship in this body.

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

Moderator _____ Clerk _____