

UNION MISSIONARY BAPTIST ASSOCIATION

20___ (MID-ANNUAL) 20___ (ANNUAL) REPORT OF

MISSIONARY BAPTIST CHURCH

POST OFFICE BOX_____ OR STREET_____

CITY_____, NC, ZIP_____ PHONE_____

To the Moderator and members of the Union Missionary Baptist Association
convening with _____ Missionary Baptist Church.

We send with greetings Brother/Sister_____

Church Representation (\$2.00 each member).....\$_____

Deacon(s) Representation (\$8.00 each).....\$_____

Pastor Representation (\$20.00 each).....\$_____

Ordained Ministers(s) (20.00 each) List Names.....\$_____

Licentiate Minister(s) (\$15.00 each) List Names.....\$_____

Shaw Day Representation.....\$_____

Rick Institute Representation (Mission).....\$_____

Balance due from last Session.....\$_____

Total Amount for Present Session.....\$_____

Auxiliary to the Association_____

Total Amount Represented.....\$_____

Reverend_____ Pastor

Address_____

Bro./Sis._____

Address_____

Remarks_____

Obituary_____

PLEASE MAKE CHECK PAYABLE TO UNION MISSIONARY BAPTIST ASSOCIATION