

**UNION OF THE UNION BAPTIST ASSOCIATION
CHURCH STATUS REPORT FORM**

CY: 20__

_____ Missionary Baptist Church _____

_____ North Carolina _____, Tele: _____

Method of Payment: Check: Check No# _____ Cash: \$ _____

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

We send greetings with Brother/Sister: _____

Saturday before the 5th Sunday in _____ 2 _____

Church Representation (\$50.00 first 100 members and 50 cents each additional member) \$ _____

Deacons Registration (\$5.00 Per Deacon) \$ _____

Pastor Registration (\$10.00) \$ _____

Ordained Ministers (\$10.00 Per Ordained Minister, List Names On Back) \$ _____

Licentiate Ministers (\$5.00 Per Licentiate Minister, List Names On Back) \$ _____

Balance Due from Last Session: \$ _____

Total Amount for Present Session: \$ _____

Reverend: _____

Address: _____

Bro/Sis _____ Clerk

Address: _____

Remarks: _____

Obituary _____

Our Church Would Like To Host the Union _____ Date _____

PLEASE MAKE CHECKS/ MONEY ORDERS PAYABLE TO THE UNION OF UNION BAPTIST ASSOCIATION. They Can be mailed to: **UUBA, P.O.Box 754, Stedman, NC 28391** NOTE: The Union will not make change for messengers. Checks and other monies should be provided in the exact amount.