

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 Representation (\$8.00 each) \$ _____

Pastor Representation (\$20.00 each) \$ _____

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

Licentiate Ministers (\$15.00) List Names.....\$ _____

Shaw Day Representation.....\$ _____

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

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

Auxiliary Representation (Indicate which Auxiliary is being Represented) _____

Total Amount Represented.....\$ _____

Reverend _____ Pastor

Address _____

Bro./Sis. _____

Address _____

Remarks _____

Obituary _____

PLEASE MAKE CHECK PAYABLE TO UNION MISSIONARY BAPTIST ASSOCIATION
Mail to: P. O. Box 1042
Fayetteville, NC 28302