



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 Union Missionary Baptist Association
convening with _____ Missionary Baptist Church.

We send with greetings Brother/Sister _____

Church Representation (\$2.20 each member) \$ _____

Deacon Representation (\$8.80 each) \$ _____

Pastor Representation (\$22.00 each) \$ _____

Ordained Ministers (\$22.00 each) List Names \$ _____

Licentiate Ministers (\$16.50) List Names.....\$ _____

Shaw Day Representation \$ _____

Balance due from last Session \$ _____

Total Amount for Present Session \$ _____

Auxiliary Representation (Name the Auxiliary 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 28302-1042