



**UNION  
OF THE  
UNION MISSIONARY BAPTIST ASSOCIATION, INC.**

**CHURCH REPRESENTATION FORM**

**CALENDAR YEAR:**

**DATE:**

**UNION SITE:**

**CHURCH NAME:**

**PHYSICAL ADDRESS:**

**MAILING ADDRESS:**

**EMAIL ADDRESS:**

**PHONE NUMBER:** ☐ **MOBILE** ☐ **LANDLINE**

<b>*REPRESENTATION</b>		
<b>TYPE</b>	<b>AMOUNT DUE</b>	<b>TOTAL</b>
Church	\$50.00 / First 100 Members + 50 Cents / Additional Members	\$
Pastor	\$10.00	\$
Deacon(s)	\$5.00 / Deacon(s)	\$
Ordained Ministers	\$10.00 / Ordained Minister(s) (i.e., non-Pastors)	\$
Licentiate Ministers	\$5.00 / Licentiate Ministers(s) (i.e., not ordained)	\$
Past Due Balance		\$
<b>Total Amount</b>		\$
<b>*Make Check / Money Order Payable to Union of UMBA. Representation may be submitted quarterly or annually either during each quarterly session or via mail to the Union's mailing address listed below.</b>		

**PASTOR'S NAME:**

**MAILING ADDRESS:**

**EMAIL ADDRESS:**

**PHONE NUMBER:** ☐ **MOBILE** ☐ **LANDLINE**

**REPRESENTATIVE'S NAME:**

**CHURCH AVAILABLE TO HOST THE UNION:** ☐ **No** ☐ **Yes Month/Year:**

P.O. Box 754  
Stedman, NC 28391

Questions: Email [crae395964@aol.com](mailto:crae395964@aol.com)

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