Missionary Baptist Association of TexasFill this form out Online at **mbaoftexas.org**Pho

Church Name:				Phone			
Mailing Add:	City:		State:	Zip:			
Street Address if differen	t:		Email:				
Pastor:		Wife's Fi	rst name:				
Address		City:					
State: Zip:	Email:			Phone:			
Clerk:							
City:					Zip:		
Email:							
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City:			State:		Zip:		
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City:					Zip:		
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Ladies Aux Contact:				_ 1 110110.			
					Zip:		
City:							
Email:				_ I none.			
Preachers in your congregation	n other than the Pastor:						
Name:		Address					
City:			State:_		Zip:		
Email:							
Name:							
City:			State:_		Zip:		
Email:				_Phone:			
Name:		Address	G				
City:			State:_		Zip:		
Email:				_ Phone:			
Money enclosed with this	s form:						
General Expense	\$	No. Mess	engers attend	ing:			
State Missions	\$		Total attendi				
History & Archives	\$						
	\$	How ma	any Minute b	ooks wo	uld you li	ke to	receive?
	\$		C	ircle On	e		
	\$	3		6			12
In the event of a surplus in the	Conoral Evnonce Eund	this manay be	and for State Mi	agiona? C	irolo Voc	or N	N _o
in the event of a surprus in the	General Expense rund, may	tills money be us	sed for State Mil	ssions? C	iicie <u>res</u>	01 1	<u>10</u>
WHAT YEAR WAS YOUR	CHURCH ORGANIZED?		_				
Bring this letter with you to th		•	•	_			
Paul Clark, 1030 Carr S				_			n to:
paulclarkclerk@gmail.o		•	-				
Fill out and submit this form (Online at mbaottexas.	org Questions	s? Call Paul C	Clark at 2	254-580-5	068.	