Missionary Baptist Association of Texas

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11000011101011	n Name:				
of Texas		Mailing address:			
Street Address:			City:		
Email Address:			State:	Zip:	
Name of Local Assc.			C	hurch Phone no).:
When and where will it	meet next year?				
Pastor's Name:		Address:			
Phone No.:	City:			State:	Zip:
Clerk's Name:		Address:			
Phone No.:	City:			State:	Zip:
Youth Min.:		Address:			
Phone No.:	City:			State:	Zip:
Music Min.:		Address:			
Phone No.:	City:			State:	Zip:
Ladies Aux con.:		Address:			
Phone No.:	City:			State:	Zip:
List preachers in your o	congregation beside	es the pastor			
Name:		Address:			
Phone No.:	City:			State:	Zip:
Name:		Address:			
Phone No.:	City:			State:	Zip:
Preachers who have died since last year:					
Offerings enclosed with	this form				
General Expense: No. of Messengers attending Meeting:					ting:
State Missions:	No. of others attending Meeting:				
History & Archives: Total attending from your church:				:	
Texas Baptist Inst:					
Other:		In the event of a surplus in the General			
Total enclosed:		Expense fund, may for State Missions	•		
Drint this form and brin	a it to the meeting	or you may mail th	ic form w	ith your offerin	a to .

Print this form and bring it to the meeting or you may mail this form with your offering to: MBA of Texas, 1030 Carr St., Hillsboro, TX 76645