## **Baptist Missionary Association of Mississippi**

## STATE ASSOCIATIONAL LETTER

The 214th Annual Session of the Baptist Missionary Association will convene at Midway First Baptist Church, Sumrall, Mississippi on October 20-21, 2020

The			Bap <sup>.</sup>	tist Church, locat	ed at
(mail delivered	l to this address)		(city)	(state)	(zip)
(street address	, highway, or commur	nity)			
(Which town is	church to be listed w	ith in the directo	ory?)		
(Which local as	sociation is your chur	ch affiliated with	h?)		
Church phone	()	Church e-mail_			
Messengers:			Alternates:		
3 Church Officers	 s:		3		
			Phone (res) ()	(cell)	()
Address			City		
State	Zip	E-mail			
Music Director	·:		Phone (res) ()	(cell)	()
Address			City	,	
State	Zip	E-mail			
Asst. Pastor:			Phone (res) ()	(cell)	()
Address			City	,	
State	Zip	E-mail			
Clerk:			Phone (res) ()	(cell)	()
Address			City		
State	Zip	E-mail			
Church Membership:			Date Church Org	ganized:	
FUNDS BROUG go to the State		R (Please design onal fund) Make	ate money sent for the proge checks payable to: BMA of	ram fund. Any fu f Mississippi Min	_
Approved by the			Church on this tl	heday o	f, 2020
			Modera	ator:	
See Other Side			Clerk:		

Please list on this form the name, address and phone number of all other ministers in your church not listed on the other side.

NOTE: Please make a copy of this completed letter for your church records and bring the original with you to the meeting.

## If you cannot be present at the meeting, please mail this letter to the following:

Justin Cameron, Clerk 208 Good Hope Rd Columbia, MS 39429 (Phone:601-325-3047) (email: justincameron@bellsouth.net)

## MINISTERS NOT LISTED ON THE OTHER SIDE

	(Licensed and Ordained)
Name	Name
Address	Address
Phone ()	Phone ()
Name	Name
Address	Address
Phone ()	Phone ()
Name	Name
Address	Address
Phone ()	Phone ()
LIST BELOW ANY <b>MIN</b>	List Ministers Only ISTER WHO WAS A MEMBER OF YOUR CHURCH
WHO PASSED AWAY S	SINCE THE FIRST OF SEPTEMBER THIS PAST YEAR
Name	Name
Date of Birth	Date of Birth
Date of Death	Date of Death
Name	Name
Date of Birth	Date of Birth
Date of Death	Date of Death_