

INDIAN CREEK PRIMITIVE BAPTIST ASSOCIATION

General Association Report Form

Date _____

Church Name: _____

Church Address: _____ Phone: _____

City/State: _____ Zip: _____

Pastor's Name: _____

Pastor's Address: _____ Phone: _____

City/State: _____ Zip: _____

Clerk's Name: _____

Clerk's Address: _____ Phone: _____

City/State: _____ Zip: _____

During our official Church Conference Held on _____ the following Delegates were selected to attend This Grand Session and assist in conducting the business for this church and the Grand Association.

1) _____ 2) _____

3) _____ 4) _____

Section I: Church Statistical Report

1) Received by Baptism _____ 2) Received by Letter _____

3) Restored _____ 4) Dismissed by Letter _____

5) Excluded _____ 6) Deceased _____

7) Total Number of Active Members _____

8) Our Church Meeting Days Are _____

Section II: Church Financial Report

1) Church Letter Money (*Amount is Choice Of Church*) \$ _____

2) Moderator's Council Fee (*\$5.00 Per Church*) \$ _____

3) Pastor's Registration Fee (*\$20.00 Per Church*) \$ _____

4) Membership Money (*\$5.00 For Each Member*) \$ _____

5) Education Money (*\$2.00 Per Member*) \$ _____

6) Deacon's Registration Fee (*\$10.00 Per Deacon*) \$ _____

7) Ordained Minister's Fee (*Non Pastor's \$15.00*) \$ _____

8) Licensed Minister's Fee (*\$7.00 Each*) \$ _____

9) Non-Licensed Preacher's Fee (*\$5.00 Each*) \$ _____

10) Delegate Fee (*\$150.00 Per Delegate*) \$ _____

Our Grand Total Sent for this Session is \$ _____

Section III: Church Personnel

OUR DEACONS ARE:

(Note: Should Equal Section II.6)

- 1) _____ 2) _____
- 3) _____ 4) _____
- 5) _____ 6) _____
- 7) _____ 8) _____
- 9) _____ 10) _____
- 11) _____ 12) _____
- 13) _____ 14) _____

OUR ORDAINED MINISTERS ARE:

(Note: Should Equal Section II.7)

- 1) _____ 2) _____
- 3) _____ 4) _____

OUR LICENSED MINISTERS ARE:

(Note: Should Equal Section II.8)

- 1) _____ 2) _____
- 3) _____ 4) _____

OUR NONLICENSED MINISTERS ARE:

(Note: Should Equal Section II.9)

- 1) _____ 2) _____
- 3) _____ 4) _____

OUR DISABLED DEACONS ARE:

- 1) _____ 2) _____
- 3) _____ 4) _____

OUR DISABLED ELDERS AND/OR MINISTERS ARE:

- 1) _____ 2) _____
- 3) _____ 4) _____

OUR DECEASED MEMBERS SINCE THE LAST ASSOCIATION ARE:

- 1) _____ 2) _____
- 3) _____ 4) _____

Section IV: Church Request

- 1) The Membership of This Great Church Humbly request to host “The Annual Indian Creek Primitive Baptist Association Developmental Fund Rally” in the year of our Lord _____.
- 2) The Membership of This Great Church Humbly Request to host “The Indian Creek Primitive Baptist Association Council Meeting,” to be held on Friday and Saturday Before the First Lord’s Day in May _____.
- 3) The Membership of this Great Church Humbly request to host “The Annual Indian Creek Primitive Baptist Association” Beginning on Wednesday before the Third Lord’ Day in September _____.

Section V: General Information

Registration is \$150.00 per Delegate/Pastor. This allows the Delegate/Pastor to have voting and participation rights in all the activities associated with this General Session of the Association.

Signature of Pastor

_____ Date _____

Pastor’s Email Address _____

Signature of Clerk

_____ Date _____

Clerks Email Address _____