

INDIAN CREEK PRIMITIVE BAPTIST ASSOCIATION

Council Meeting Report Form

Date _____

Church Name: _____

Church Address: _____ Phone: _____

City/State: _____ Zip: _____

Email Address _____

Pastor's Name: _____

Pastor's Address: _____ Phone: _____

City/State: _____ Zip: _____

Email Address _____

Clerk's Name: _____

Clerk's Address: _____ Phone: _____

City/State: _____ Zip: _____

Email Address _____

*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) Our Church Membership Is _____
(Membership should reflect number of currently Active Members)

2) Membership Money (\$5.00 per Member) \$ _____
(We are asking that you pay for each of your active members)

3) Church Letter Money *(Amount is Choice of Church)* \$ _____

4) Deacon's Registration Money (\$6.00 per deacon) \$ _____

5) Pastor/Minister Registration Money (\$7.00) \$ _____

Our Grand Total Sent for this Session is \$ _____

Section II: Church Personnel

OUR DEACONS ARE:

(Note: Should Equal Section I.4)

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

OUR PASTOR/MINISTERS ARE:

(Note: Should Equal Section I.5)

- 1) _____ 2) _____
- 3) _____ 4) _____
- 5) _____ 6) _____
- 7) _____ 8) _____