

SILOAM BAPTIST ASSOCIATIONAL LETTER

We, the _____ Missionary Baptist Church, worshipping at
(Location Address) _____, to the
Siloam Missionary Baptist Association when convened at Sulphur Fork Missionary Baptist Church,
455 Fairfield Road, Bethpage, TN 37022, beginning at 10 A.M., Friday, October 4, 2024.

Greetings. We have chosen to sit with you in your deliberations our beloved brethren:

Alt. _____

STATISTICS:

Professions of Faith

Received by Baptism	_____	Dismissed by Letter	_____
Received by Letter	_____	Dismissed by Expulsion	_____
Received by Restoration	_____	Dismissed by Death	_____
Received by Statement	_____	Present Membership	_____

FINANCIAL TABLE:

Missions	_____	Building and Repairs	_____
Benevolence	_____	Associational Expenses	_____
Paid our Pastor	_____	Other Causes	_____
Paid help in Meeting	_____	Total all causes	_____
Paid Visiting Ministers	_____	Value of Church Property	_____

GENERAL INFORMATION:

Meeting days: _____ No. Enrolled in Sunday School: _____ No of teachers: _____

Pastor: _____ Street: _____

Phone: _____ City: _____

E-mail: _____ State, Zip: _____

Clerk: _____ Street: _____

Phone: _____ City: _____

E-mail: _____ State, Zip: _____

Treasurer: _____ Street: _____

Phone: _____ City: _____

E-mail: _____ State, Zip: _____

SS Supt.: _____ Street: _____

Phone: _____ City: _____

E-mail: _____ State, Zip: _____

Please fill out all information on back of page.

Done by the order of the church in conference (date) _____

_____ Moderator

_____ Clerk

SILOAM BAPTIST ASSOCIATIONAL LETTER

Name: _____	Street: _____
Phone: _____	City: _____
E-mail: _____	State, Zip: _____ Ordained?
Name: _____	Street: _____
Phone: _____	City: _____
E-mail: _____	State, Zip: _____ Ordained?
Name: _____	Street: _____
Phone: _____	City: _____
E-mail: _____	State, Zip: _____ Ordained?
Name: _____	Street: _____
Phone: _____	City: _____
E-mail: _____	State, Zip: _____ Ordained?
Name: _____	Street: _____
Phone: _____	City: _____
E-mail: _____	State, Zip: _____ Ordained?
Name: _____	Street: _____
Phone: _____	City: _____
E-mail: _____	State, Zip: _____ Ordained?
Name: _____	Street: _____
Phone: _____	City: _____
E-mail: _____	State, Zip: _____ Ordained?

Our Deceased Members

(Please include those that would have been recognized last year)

Bro. / Sis. _____	Date _____
Bro. / Sis. _____	Date _____
Bro. / Sis. _____	Date _____
Bro. / Sis. _____	Date _____
Bro. / Sis. _____	Date _____
Bro. / Sis. _____	Date _____
Bro. / Sis. _____	Date _____
Bro. / Sis. _____	Date _____
Bro. / Sis. _____	Date _____
Bro. / Sis. _____	Date _____

2024 Revival Date(s), Time(s), and Helper(s)

Church Website

Remarks