

2026 SILOAM BAPTIST ASSOCIATIONAL LETTER

We, the _____ Missionary Baptist Church, worshipping at (Location Address) _____, to the Siloam Missionary Baptist Association when convened at Fairview Memorial Missionary Baptist Church, 1150 Fairview Avenue, Bowling Green, KY beginning at 10 A.M., Friday, October 2, 2026.

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

 _____ Alt. _____

STATISTICS:	
Professions of Faith: _____	Dismissed by Letter: _____
Received by Baptism: _____	Dismissed by Expulsion: _____
Received by Letter: _____	Dismissed by Death: _____
Received by Restoration: _____	
Received by Statement: _____	Present Membership: _____

FINANCIAL TABLE:	
Missions: _____	Building & Repairs: _____
Benevolence: _____	Associational Expenses: _____
Paid our Pastor: _____	Other Causes: _____
Paid help in Meeting: _____	Total All Causes: _____
Paid Visiting Ministers: _____	Church Property Value: _____

OFFICERS & GENERAL INFORMATION:		
Meeting days: _____	# Enrolled in Sunday School: _____	# of teachers: _____

Pastor: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____
Clerk: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____
Treasurer: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____
SS Supt: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____

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

Moderator

Clerk

Please fill out all information on both pages.

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MINISTER'S	
Name: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____ Ordained?
Name: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____ Ordained?
Name: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____ Ordained?
Name: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____ Ordained?
Name: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____ Ordained?
Name: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____ Ordained?
Name: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____ Ordained?
Name: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____ Ordained?
Name: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____ Ordained?
Name: _____ Phone: _____ Email: _____	Street: _____ City: _____ State, Zip: _____ Ordained?

OUR DECEASED MEMBERS (Please include those that have passed since that last Associational Meeting.)	
Bro./Sis. _____	Date; _____
Revival Date(s), Time(s), and Helper(s)	
Church Website	

Please fill out all information on both pages.