

# Congregation Profile 2017

To enter online, go to:  
<http://nc.sbcworkspace.com>

## General Information *Please fill in all relevant information.*

Profile For: (Check One)  Church  Mission

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

Name Of Church/Mission \_\_\_\_\_ Ethnicity \_\_\_\_\_

Telephone Number \_\_\_\_\_ Church Twitter Acct \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address (St., PO Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Add. (Physical Add. or "911" Add. - do not use PO box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Association \_\_\_\_\_

## Primary Mission's Sponsor Information If Mission Is Sponsored:

Sponsor Name \_\_\_\_\_

Mailing Address (St., PO Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ SBC ID Sponsor \_\_\_\_\_

## ACP Statistical Profile *Please fill in all relevant information.*

### Member Information

- |                                                |                                                    |
|------------------------------------------------|----------------------------------------------------|
| 1. Total Members _____                         | 8. VBS Enrollment _____                            |
| 2. Resident Membership _____                   | 9. Total Mission Project Participation _____       |
| 3. Total Baptisms _____                        | a. Local Community _____                           |
| a. 11 years and under _____                    | b. State _____                                     |
| b. 12 to 17 years _____                        | c. U.S. & Canada _____                             |
| c. 18 to 29 years _____                        | d. Outside U.S. & Canada _____                     |
| d. 30 and up _____                             | 10. Total WMU Enroll. _____                        |
| 4. Other Additions _____                       | 11. Total Embrace/Women's Min. Enroll _____        |
| 5. Weekly Worship Attendance _____             | 12. Total NC Baptist Men (NCBM) Min. Enroll. _____ |
| 6. Church-Type Mission Started _____           |                                                    |
| 7. Sunday School/Bible Study/Small Group _____ |                                                    |

### Financial Information

- |                                                                           |
|---------------------------------------------------------------------------|
| 13. Total Giving/Gifts _____                                              |
| a. Undesignated Giving/Gifts _____                                        |
| b. Designated Giving/Gifts _____                                          |
| 14. Total SBC Mission Giving Expenditures (Great Commission Giving) _____ |
| a. Cooperative Program _____                                              |
| b. Assoc Missions _____                                                   |
| c. State Missions _____                                                   |
| d. Annie Armstrong _____                                                  |
| e. Lottie Moon _____                                                      |
| f. Other SBC Miss. Exp. _____                                             |
| 15. Non SBC Mission Exp. _____                                            |

### Member Information

- 1. Total Membership** Total of both resident and nonresident membership.
- 2. Resident Membership** All members who live close enough to your congregation to attend.
- 3. Total Baptisms Total** Total number of baptisms during the 2016-2017 reporting year. (Add Items 3a-3d).
- 4. Other Additions** Number who became members of your congregation during the 2016-2017 reporting year by ways other than baptism (letter of transfer, statement, etc.).
- 5. Weekly Worship Attendance** Average number in the weekly worship service(s). If not kept, use the attendance for the last Sunday of the 2016-2017 reporting year.
- 6. Church-Type Mission Started** Number of church-type missions/church plants that your congregation started during the year (2016-2017) and your congregation is the primary sponsor.

- 7. Sunday School/Bible Study/Small Group** Average number attending Sunday school each week during the 2016-2017 reporting year. This may be a Sunday school class, Bible study, small group or similar group. Include all ages from babies to adults but not counting anyone twice.
- 8. VBS Enrollment** Number enrolled in Vacation Bible School for your congregation.
- 9. Total Mission Project Participation** Total number of persons (male and female) in your congregation who participated in mission projects (such as World Changers, Disaster Relief, Baptist Builders, Acteens Activators, Volunteer Connection, construction, church planting, evangelism, Bible clubs, surveys, etc.). Persons may be counted for each mission project in which they participated (Add Items 9a-9d).
- 10. Total WMU Enrollment** Total number of Women Missionary Union members and leaders enrolled in the 2016-2017 reporting year. Include members and leaders of Mission Friends, Girls in Action, Children in Action, Acteens, Youth on Mission, Women on Mission, Adults on Mission, WMU officers, and persons engaged in ongoing

missions involvement sponsored by WMU.

- 11. Total Embrace/Women's Ministry** Enrollment Total number of Embrace/Women's Ministry members and leaders enrolled in the 2016-2017 reporting year.
- 12. Total NC Baptist Men (NCBM) Ministries Enrollment** Total number of all persons enrolled in all NCBM projects and activities. Include members and leaders of disaster relief, NCBM domestic and international partnerships, Royal Ambassadors, coed Mission Kids, Challengers, Deep Impact/Youth Missions, Mission Action Groups, and all other missions involvement sponsored by NCBM.

### Financial Information

- 13. Total Giving/Gifts** Total amount of all money received by the congregation. This amount should be the total of undesignated gifts, designated gifts, and other receipts (may include income from rentals, day school or kindergarten fees, savings, pastoral aid, parking fees, etc.).

**a. Undesignated Giving/Gifts:** Total

amount of all tithes and offerings not designated by individuals. This includes regular budget offerings and loose monies from the offering.

**b. Designated Giving/Gifts:** Total amount of all designated tithes and offerings given by individuals. Designated receipts are gifts which the individual decides how the money will be spent. Lottie Moon, Annie Armstrong, State Missions, building fund, and debt retirement are examples of designated giving.

**14. Total SBC Mission Giving Expenditures (Great Commission Giving)** Total amount of all money given during the 2016-2017 reporting year to all Southern Baptist mission causes by the congregation. This includes monies given to: Cooperative Program, Annie Armstrong, and

Lottie Moon PLUS monies given to associations, state conventions (such as a State Mission Offering), and any other Southern Baptist mission cause. (Add Items 14a-14f).

**a. Cooperative Program Giving** Total amount of all money given through the Cooperative Program during the 2016-2017 reporting year.

**b. Assoc Missions** Total amount of all money given to Associational Missions.

**c. State Missions** Total amount of all money given to the North Carolina Missions Offering (State Missions Offering).

**d. Annie Armstrong Easter Offering** Total amount of money given to the Annie Armstrong

Easter Offering for North American missions.

**e. Lottie Moon Christmas Offering** Total amount of money given to the Lottie Moon Christmas Offering for International Missions.

**f. Other SBC Mission Expenditures** Total amount of money given to any other SBC missions cause not reported in items a through e.

**15. Non SBC Mission Expenditure** Total amount of all money given to non-Southern Baptist Convention mission causes by your congregation. An example would be Samaritan's Purse.

## Supplemental Survey

### Historical Events of Interest During Associational Year New Bldg., Dedications, Ordinations for Ministry, New Ministries Started, etc.

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### Mission(s) Operated by the Church *Include pastor's name and address.*

Mission Name	Pastor's Name	Street, Rt, Box No.	City, State, Zip

### Members Deceased During the Year

Give names of congregational members who died during the 2016–2017 associational year. Indicate Mr., Mrs., Deacon, etc. and identify ordained ministers with the title Rev.

Name	Date	Name	Date	Name	Date

*The names and addresses collected on this form are used to compile the official denominational lists of church staff and other positions. Associations, state conventions, and SBC agencies use these names and addresses to communicate with persons about meetings, services, and products in which they may have an interest. Most persons find these communications to be helpful. Lists are not made available to individuals or groups outside of the denomination.*

# Biographical Information *Please fill in all relevant information.*

## Congregational Leader

- Please list persons for the NEW associational year (2017-2018).
- List preferred title if different than given title.
- Please circle appropriate salutation for all persons (Dr, Rev, Mr, Mrs, Ms, or Miss).
- Please give zip codes and telephone numbers (including area codes) along with the person's address. Give the address where the person desires to receive mail. Also, where possible, give the email address for the individual.
- **For congregational staff positions:**
- Be sure to indicate whether the position is volunteer or paid (part-time or full-time). A volunteer director is a person who leads the program and receives no regular salary from the congregation. A full-time minister is a person who works full-time for the congregation and receives a regular salary from the congregation. A staff member is considered part-time if they receive a part-time salary from the congregation.
- Be sure to indicate whether ministers are licensed, ordained, or bivocational.
- If one person occupies more than one staff position, put his/her name in each place on the form. (For example, one person may serve as both Minister of Education and Minister of Youth. That person's name/address should be put in both places).
- If two people occupy a staff position, put one person's name in the appropriate place on the form and put the second person's name in the space labeled "Additional Information." DO NOT put Mr & Mrs on the name line. List each separately.
- If your congregation employs any professional staff member(s) not listed on the form, please list name, address, and title of each on the "Other Positions or Roles" section.
- Please enter the date a person started serving in their role/position.

### Senior Pastor

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Bivocational  Licensed  Ordained  Interim

*Be sure to give your main pastor's name, address, and telephone number. If pastor is there only for a short time until your congregation finds a pastor, do NOT give his name here (Please add to other ordained ministers-part time interim-PI). Check Bivocational if your pastor is employed at another job in addition to your congregation.*

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Pastor Twitter Acct. \_\_\_\_\_

### Person filling out this form

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Associate Pastor

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time  Ordained  Licensed  Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Music

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time  Ordained  Licensed  Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Mission Pastor/Church Planter

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time  Ordained  Licensed  Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

*All email addresses provided will only be used for official BSCNC communication.*

**Education**

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time  Ordained  Licensed  Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Youth**

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time  Ordained  Licensed  Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Children**

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time  Ordained  Licensed  Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Preschool**

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time  Ordained  Licensed  Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Recreation** *Minister of Recreation (Director of Activities) is the person most responsible for recreational activities (fellowships, socials, sports, drama, camps, etc.).*

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time  Ordained  Licensed  Bivocational

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Church Secretary**

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time

*Your congregation may have more than two secretaries. If so, give the names of the secretaries who handle most congregational matters*

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Church Secretary**

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Media Library Director** Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time

*Person responsible for all the library work. Your congregation may use another name, such as librarian, for this person.*

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Church Organist** Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Church Pianist** Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Sunday School Leader** Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Discipleship Training Leader** Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Brotherhood Leader** *Enter RA director if you have RAs but no Brotherhood director.*

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Embrace Women's Ministry or Woman's Missionary Union (WMU) Leader** *Please choose your Women's Ministry.*  Embrace  WMU

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer (Not Paid)  Part-Time (paid)  Full-Time

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

*All email addresses provided will only be used for official BSCNC communication.*

**Deacon Chairperson** Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Church Treasurer** Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Stewardship Chairperson** *The Stewardship Chairperson may also be known as Budget Chairperson, Finance Committee Chairperson, etc.*

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Evangelism Council** *Give the name and address of the Chairperson of the Congregation's Evangelism Council.*

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Missions Development Director/Chairperson** *The Missions Development Committee may also be known as the Mission Committee.*

Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Church Clerk** Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**Prayer Ministry Coordinator** Preferred Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salutation: Dr, Rev, Mr, Mrs, Ms, Miss \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

# Other Ordained Ministers

Use this part to enter the names and addresses of ordained persons who have NOT been listed above in Congregational Leaders. (If you need space for additional names, include them in the space labeled "Additional Information"). Give the address where they would prefer to receive denominational business mail. Be sure to give the correct code which indicates their present status.

Use the correct codes after the name of each ordained minister.

Codes are:

- PI Part-time, interim (for a short time)
- CH Chaplain (military, hospital, factory, institution, etc.)
- EM Evangelist - Music
- EP Evangelist - Preaching
- R Retired

- I Inactive
- AW Associational Worker
- SW State Worker (person working in any Southern Baptist state agency or institution)
- CW Convention Worker (person working for North American Mission Board, International Mission Board, SBC seminary, or any SBC agency)
- O Other church-related work (seminary student, teacher of Bible, etc.)

## Ordained Minister

Title \_\_\_\_\_ Code \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_ Start Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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## Ordained Minister

Title \_\_\_\_\_ Code \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_ Start Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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## Ordained Minister

Title \_\_\_\_\_ Code \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_ Start Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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# Other Positions or Roles *For additional positions, please use a separate sheet of paper.*

Position \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_ Start Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Position \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_ Start Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Position \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_ Start Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Position \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address (St., Rt, Box No.) \_\_\_\_\_ Start Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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