



# First District Association of Baptists in Kentucky

P. O. Box 1091 • Hopkinsville, KY 42241-1091

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Rev. James H. Brasher, Moderator

\_\_\_\_\_, 20\_\_\_\_

Church Financial Representation for this conference is **\$175.**

## Church Registration

Church Name: \_\_\_\_\_ Church Phone # \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Phone #: \_\_\_\_\_

Church Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Email: \_\_\_\_\_ Pastor's Email: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Church Statistics

### Received by:

Baptism \_\_\_\_\_  
Letter \_\_\_\_\_  
Restored \_\_\_\_\_  
Christian Experience \_\_\_\_\_  
Otherwise \_\_\_\_\_  
**Total Increase** \_\_\_\_\_

### Dismissed by:

Letter \_\_\_\_\_  
Excluded \_\_\_\_\_  
Death \_\_\_\_\_  
**Total Decrease** \_\_\_\_\_

**Number of Ordained Ministers** \_\_\_\_\_  
**Number of Licensed Ministers** \_\_\_\_\_  
**Our Present Membership** \_\_\_\_\_

## Individual Registration

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Delegates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Church Clerk's Signature \_\_\_\_\_

**DO YOU WISH TO HOST THE ANNUAL SESSION AT YOUR CHURCH NEXT YEAR? \_\_\_ YES \_\_\_ NO**