

STATE ASSOCIATION OF MISSIONARY BAPTIST CHURCHES OF FLORIDA

MISSIONARY RECOMMENDATION FORM:

[This form must be filled out completely and sent to the clerk of the state missionary committee. It must be received thirty (30) days prior to the annual state association messenger meeting.]

New Recommendation [ ] Re-Recommendation [ ] Salary [ ] Designated Funds [ ]

If for salary, amount of salary requested full [ ] or other [ ] specify amount \$ \_\_\_\_\_

MISSIONARY NAME \_\_\_\_\_ AGE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

YEAR SAVED \_\_\_\_\_ YEAR BAPTIZED \_\_\_\_\_ YEAR ORDAINED \_\_\_\_\_

Baptizing Church \_\_\_\_\_ City and State \_\_\_\_\_

Ordaining Church \_\_\_\_\_ City and State \_\_\_\_\_

Are you in full agreement with the doctrinal statement of the BMA of FL State Association? \_\_\_\_\_

Years as recommended State Missionary \_\_\_\_\_ Years at present mission \_\_\_\_\_

MISSION FIELD: PROPOSED AREA OF MISSION WORK

\_\_\_\_\_ GIVE A BRIEF DESCRIPTION [below, or on back] OF THIS MISSION WORK: IF THIS IS A RE-RECOMMENDATION OR WORK ALREADY IN PROGRESS

PLEASE COMPLETE THE STATISTICAL REPORT BELOW FOR THE PREVIOUS YEAR: (NOTE: 9-1-2024

through 8-31-2025) Professions of Faith \_\_\_\_\_ Additions: (Baptism) \_\_\_\_\_ (Letter) \_\_\_\_\_ (Other) \_\_\_\_\_

Averages: Sunday School \_\_\_\_\_ AM Worship \_\_\_\_\_ Bible Studies: \_\_\_\_\_

PM Worship \_\_\_\_\_ Mid-week Service \_\_\_\_\_ Mission Membership \_\_\_\_\_

RECOMMENDING CHURCH: FAX \_\_\_\_\_

CHURCH NAME \_\_\_\_\_ PASTOR \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADDITIONAL COMMENTS: Date this recommendation was approved by the sponsoring church.

\_\_\_\_\_ Church Moderator \_\_\_\_\_ Church Clerk

\_\_\_\_\_ Date received by clerk of Missionary Committee. \_\_\_\_\_