

2026 Association Letter for the Baptist Missionary Association of Florida

Name of Church _____

Physical Address _____

City _____ State _____ Zip _____ Church Phone (_) _____

Fax (_) _____ Email _____ Website _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Pastor's Name _____ ☐ Same information as last year ☐ No pastor at present

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Clerk's Name _____ ☐ Same information as last year

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Messengers/Alternates

Minute Fund and Clerk Hire Sent \$ _____

Number of Minutes Requested: _____

Our church would like to host the following
Association Meeting(s): ☐ Annual Meeting

☐ Semi-Annual/Missions Symposium

Financial Report

(Round numbers to the nearest whole dollar)

Pastor's Salary/Benefits	\$ _____
Pulpit Supply & Other Salaries	\$ _____
National BMA (all departments)	\$ _____
State BMA (all ministries)	\$ _____
Local BMA (all ministries)	\$ _____
All Other Expenses	\$ _____
Total All Expenses	\$ _____

Membership Statistics

Membership Last Year _____

_____ Present

Total Membership _____

Increase This Year _____ Decrease This Year _____

By Baptism _____ By Death _____

By Letter _____ By Letter _____

By Other _____ By Other _____

Sunday School Enrollment _____

Average SS Attendance _____

Average Worship Attendance _____

**Please mail your church letter and minute fund offering to:
BMA Florida Clerk, 7877 Knoll Dr, Jacksonville, FL 32221**

Continued on the back.

Ministers In Your Congregation (*other than senior pastor*)

Please supply the following information for licensed and ordained ministers in your church membership. (*Attach extra sheet if necessary*)

Name _____ ☐ Licensed ☐ Ordained

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Name _____ ☐ Licensed ☐ Ordained

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Name _____ ☐ Licensed ☐ Ordained

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

This letter approved by the church in conference on the _____ day of _____, 20 _____

_____ Moderator _____ Clerk

Petitionary Letter

This section is to be used only for churches wishing to petition fellowship into the
Association of the Baptist Missionary Association of Florida

Church Name _____

Physical Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Church Phone (_____) _____ Fax (_____) _____

Email _____

Pastor's Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Church Clerk's Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Being in full agreement and willing to cooperate within the By-Laws and the Doctrinal Statement of the BMA of Florida,
weherewith petition for fellowship in this body.

Adopted by this church in conference on _____ day of _____, in the year 20 _____.

Moderator _____ Clerk _____