

STATE ASSOCIATION OF MISSIONARY BAPTIST CHURCHES OF FLORIDA

MISSIONARY RECOMMENDATION FORM:

In accordance with Article IX, MISSIONS DEPARTMENT, SECTION 3, Application and Approval of State Missionaries, this form must be filled out completely and sent to the clerk of the state missionary committee yearly. 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: 9-1-2025 through 8-31-2026) 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 [below, or on back]: Date this recommendation was approved by the sponsoring church. _____ Church Moderator _____

Church Clerk _____

Date received by clerk of Missionary Committee. _____