



APPLICATION FOR MEMBERSHIP
In the
Mid-South Baptist Association

1. Church Information:

Church Name: _____

Street Address: _____

City/State/Zip _____

E-Mail Address: _____ Phone _____

2. Leadership Information:

Pastor's Name: _____

Street Address: _____

City/State/Zip _____

E-Mail Address: _____ Phone _____

3. Brief History of Church's Organization:

Date Organized: _____

Date Constituted: _____

Names of Church Participating in the Constitution Service:

_____, _____

_____, _____

Names of Pastors/Ministers Participating in the Constitution Service:

_____, _____

_____, _____

Name of the Articles of Faith Adopted by the Church: *(Must be in theological harmony with the current SBC Baptist Faith and Message.)* _____

4. Desire for Fellowship With Mid-South Baptist Association:

Please provide a brief statement of why the church desires to be a cooperating member of Mid-South Baptist Association.

5. Affirmation:

By our signatures below, we affirm our desire and intention to affiliate with the Mid-South Baptist Association, a fellowship of Southern Baptist Churches organized for the fulfillment of the Great Commission. We understand and agree that before the application is complete that a formal meeting between representatives of the MSBA Administrative Council and the Pastor of the church will be held for the purpose of clarifying and affirming the cooperating responsibility of both fellowships. This application request was made by the church on the _____ day of _____, 20 _____.

Church Clerk: _____

Church Moderator: _____

Church Pastor: _____

6. Additional Information:

In addition to the information requested above, the Mid-South Baptist Association requests that each church applying for affiliation submit a brief history (1 or 2 pages) of the church including major milestones, accomplishments, blessings and ministries in the life of the church. This information will assist us in introducing the church to other member churches in the Association. It may be completed and submitted to the Association prior to or the Association has taken action on the Application for Affiliation.

7 Confirmation (MSBA OFFICE USE):

By our signatures below, we confirm receipt of this application in our Office on the _____ day _____, 20 _____.

Administrative Assistant: _____

Director of Missions: _____

MSBA Moderator: _____