

Church Information and Partnership Form

Stone Mountain Baptist Association

Please attach the following supplemental information:

- Pastor's Resume
- Church's Constitution and Bylaws
- Church's Doctrinal Statement
- Church's Budget
- Church's Current Financial Statements (including Balance Sheet)

Please mail all information to:

Stone Mountain Baptist Association
PO Box 911
Conyers, GA 30012

GENERAL CHURCH INFORMATION

Official (Incorporated) Church Name: _____

Do you affirm Baptist Faith & Message 2000? Yes No

Year church was formed: _____

Year the current pastor came: _____

CHURCH CONTACT INFORMATION

Meeting Location (must be the physical address of the church, not a PO Box, to be listed on the SMBA website.)

Address: _____ City, State & Zip: _____

Location: _____ County: _____

Mailing Address (to be listed on the SMBA website)

Address: _____ City, State & Zip: _____

Phone number: _____ Landline Cell phone

Fax: _____

Mailing Address for Financial Information

c/o Treasurer's name (if applicable) _____ Address: _____

City, State & Zip: _____

Phone number: _____ Landline Cell phone

Additional Contact Information

Primary Church Phone Number: _____

Primary Church Email: _____

Church Website: _____

Facebook page: _____

STAFF AND LAY LEADER CONTACT INFORMATION

Please include the preferred address and phone number for contacting the follow staff members or lay leaders. Lay leaders or volunteers may prefer for mailings to be sent to their home address instead of the church.

Senior Pastor

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____ Cell phone: _____
Home phone: _____ Birthday (month and day): _____
Wife's Name: _____ Wedding Anniversary: _____
Children's names: _____

Church Secretary or Administrative Assistant

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Treasurer

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Church Clerk

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Head Deacon or Elder

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Music/Worship Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Education/Discipleship Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Outreach/Evangelism Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Missions Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Media Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Senior Adult Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Women's Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

College & Career Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Youth/Student Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Children's Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Preschool Ministry

Name: Staff Volunteer _____
Address: _____ City, State & Zip: _____
Email: _____
Cell phone: _____ Home phone: _____

Other Staff or Lay Leader

Name: Staff Volunteer _____
Position: _____
Address: _____ City, State & Zip: _____
Phone number: Landline Cell phone _____

Please indicate the estimated amount or percentage of your budget you plan to contribute annually to Stone Mountain Baptist Association: \$ _____

Please indicate the amount enclosed with this application if this is your first contribution: \$ _____

Total Baptisms last year: _____

Total Membership: _____

Average Worship Attendance: _____

Average Sunday School or Small Group attendance: _____

We are in full agreement with the purpose and doctrinal position of the SMBA as stated in the Constitution and Bylaws (attached at back) and will actively cooperate with the work of this body and the Southern Baptist Convention through financial support.

Pastor Signature: _____

Date: _____

Church Clerk Signature: _____

Date: _____