DATA SHEET

(Church requesting affiliation with the Kentucky Baptist Convention)

Name of Church :_____

Church Mailing Address: _____
(Street and Number) (City) (State) (Zip)

Church Phone: ( ) _____

Pastor: _____(Circle One: Dr. Rev. Mr.)

Pastor's Address**:** _____
(Street and Number) (City) (State) (Zip)

Pastor's Phone: ( ) _____ Email Address: _____

Year Church Organized: _____ Date Church Constituted _____

CHURCH STATISTICS AS OF_____(Date)

Compiled by _____(Name)

Use statistics from September 1 of previous year to present date.

ADDITIONS: By Baptism _____ By Letter _____

MEMBERSHIP: Resident Members _____

Total Membership _____ (resident plus non-resident members)

ENROLLMENTS: Sunday School _____; Discipleship Training _____

Music _____; Brotherhood _____

Woman's Missionary Union _____; Vacation Bible School _____

ATTENDANCE: Current Average Worship Attendance _____

OFFERINGS CHURCH RECEIVED FROM MEMBERS (from September 1 of previous year to present date)

Total Receipts $_____

MISSION EXPENDITURES:

Cooperative Program $ _____

Associational Missions $_____

Other Mission Offerings $_____
(such as Lottie Moon, Homes for Children, North American Missions)

Total Mission Expenditures: $_____

In order for the Convention to share information with your church leaders, please give name and address of established organizations and committees of your church. For your convenience, list on the reverse side of this form any that apply to your church.

(A second copy of this form is for the church's records)

(Over)

Side 2 – Church Data Sheet

Chairman of Deacons:

Name: _____

Address: _____

Phone Number, including area code: ( ) _____

Sunday School Director:

Name: _____

Address: _____

Phone Number, including area code: ( ) _____

Discipleship Training Director:

Name: _____

Address: _____

Phone Number, including area code: ( ) _____

Church Music Director:

Name: _____

Address: _____

Phone Number, including area code: ( ) _____

Brotherhood Director:

Name: _____

Address: _____

Phone Number, including area code: ( ) _____

Woman's Missionary Union:

Name: _____

Address: _____

Phone Number, including area code: ( ) _____

Chairman of Evangelism Committee:

Name: _____

Address: _____

Phone Number, including area code: ( ) _____

Chairman of Stewardship Committee:

Name: _____

Address: _____

Phone Number, including area code: ( ) _____

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