

Apostolic Bible Students Association of Indiana, Inc.

(4th Episcopal District / Pentecostal Assemblies of the World, Inc.)

Bishop Charles M. Finnell, Diocesan - Suffragan Bishop Thomas E. Griffith, Council Chairman

Spring Annual Council _____ Summer Council _____ Fall Council _____

REGISTRATION INFORMATION FORM -- PLEASE PRINT

Your Church Name _____ Your Pastor _____

Your Title: Circle One (Bishop, Suff. Bishop, Dist. Elder, Elder, Evang., Min., Miss., Deacon, Bro., Sis, Dr.)

Date _____ Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone Number Home (____) _____ - _____ Business (____) _____ - _____

E-mail Address _____

Council & Auxiliary - Please Check

YOU MUST REGISTER WITH THE ABSA TO REGISTER WITH AN AUXILIARY

- | | | | | | |
|---|--------|--------------------------|------------------------------|--------|--------------------------|
| 1. A.B.S.A. Council | \$5.00 | <input type="checkbox"/> | 6. Christian Education Dept. | \$5.00 | <input type="checkbox"/> |
| 2. Men's Ministry | \$5.00 | <input type="checkbox"/> | 7. Pentecostal Young People | \$5.00 | <input type="checkbox"/> |
| 3. Single's Ministry | \$5.00 | <input type="checkbox"/> | 8. State Ushers | \$5.00 | <input type="checkbox"/> |
| 4. Missionary & Christian Women | \$5.00 | <input type="checkbox"/> | 9. Health Professionals | \$5.00 | <input type="checkbox"/> |
| 5. Ministers' Wives & Ministers' Widows | \$5.00 | <input type="checkbox"/> | 10. Deaf Ministry | \$5.00 | <input type="checkbox"/> |
| | | | 11. Home Missions | \$5.00 | <input type="checkbox"/> |

Grand Total _____

Payment Information

Cash _____ Check No. _____ Money Order _____

OFFICE USE ONLY: Received By _____ Date Received _____

A.B.S.A. COUNCIL

You can mail your form to Evang. Andrea D. Brandon, C/O: 430 W. Fall Creek Pkwy. N. Dr. Indianapolis, IN 46208 or Register Online @ www.absacouncil.org