

Apostolic Bible Students Association of Indiana, Inc.

(4th Episcopal District / Pentecostal Assemblies of the World, Inc.)
Bishop Charles A. Sims, Diocesan - Suffragan Bishop Donsero Reynolds, Council Chairman

Annual Session _____ Summer Session _____ Fall Session X

PRE - 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 (____) _____-_____ Cell Number (____) _____-_____

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. _____ CREDIT/DEBIT CARD _____

OFFICE USE ONLY

RECEIVED BY _____ DATE RECEIVED _____

PLEASE NOTE DEADLINE: MUST BE RECEIVED BY October 13, 2018 – PLEASE MAIL TO: ABSA SECRETARY

430 W. FALL CREEK PARKWAY N. DR., INDIANAPOLIS, IN 46208 / Register Online @ www.absacouncil.org