

# *Apostolic Bible Students Association of Indiana, Inc.*

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

Annual Session   X   Summer Session \_\_\_\_\_ Fall Session \_\_\_\_\_

## **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 \_\_\_\_\_

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. \_\_\_\_\_ Credit/Debit Card \_\_\_\_\_

### **OFFICE USE ONLY**

Received By \_\_\_\_\_

Date Received \_\_\_\_\_

**PLEASE NOTE DEADLINE: MUST BE RECEIVED BY MARCH 26, 2018 – PLEASE MAIL TO: ABSA SECRETARY**

**430 W. FALL CREEK PARKWAY N. DR. , INDIANAPOLIS, IN 46208**