

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 _____

Street Address _____

City _____ State _____ Zip _____

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

E-mail Address _____

Council & Auxiliary

YOU MUST REGISTER WITH THE ABSA TO REGISTER WITH AN AUXILIARY

- | | | |
|-----|---|--------|
| 1. | A.B.S.A. Council..... | \$5.00 |
| 2. | Men's Ministry..... | \$5.00 |
| 3. | Single's Ministry..... | \$5.00 |
| 4. | Missionary & Christian Women..... | \$5.00 |
| 5. | Ministers' Wives & Ministers' Widows..... | \$5.00 |
| 6. | Christian Education Department..... | \$5.00 |
| 7. | Indiana State Pentecostal Young People..... | \$5.00 |
| 8. | Indiana State Ushers..... | \$5.00 |
| 9. | Indiana Health Professionals..... | \$5.00 |
| 10. | Deaf Ministry..... | \$5.00 |

Grand Total _____

Payment Information

Cash _____ Check No. _____ Money Order _____

Office Use Only

Received By _____ Date Received _____

Pre-Registration / Deadline - Must be received by October 13, 2017 -

Please mail to: ABSA Secretary, C/O: Christ Temple Apostolic Faith Assembly
430 W. Fall Creek Pkwy. N. Dr. - Indianapolis, IN 46208