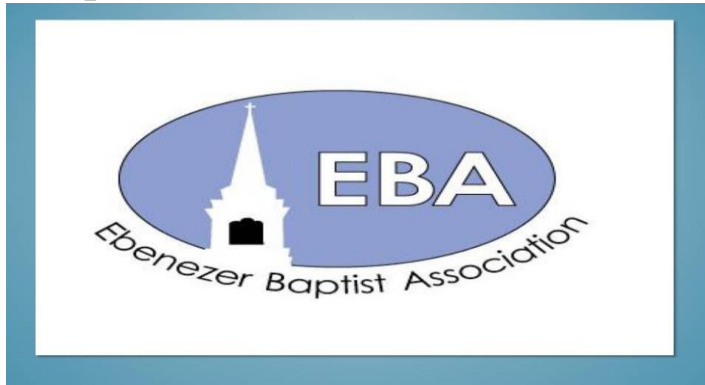


Ebenezer Baptist Association Church Membership Form



Ebenezer Baptist Association
Post Office Box 658
Blackstone, Virginia 23824
ebenezerbaptistassociation.org

Ebenezer Baptist Association Compliance Affidavit/Membership Form

Church Name: _____
Address: _____
City/State & Zip Code: _____
Area Code & Phone Number: _____
Fax Number: _____
E-Mail Address: _____

By executing this affidavit, the undersigned certifies the above named Church will comply (when accepted) with the Ebenezer Baptist Association Constitution as outlined in Article II membership, Article IV: Mission Statement and Objectives.

Pastor: _____
Address: _____
City/State & Zip Code: _____
Area Code & Phone Number: _____
E-Mail Address: _____
Signature: _____

Chairman of the Diaconate Ministry: _____
Area Code & Phone Number: _____
Signature: _____

Church Clerk: _____
Address: _____
City/State & Zip Code: _____
Area Code & Phone Number: _____
E-Mail Address: _____

Annual Dues: \$500.00 to be paid upon acceptance into the association.

Please mail application to: Ebenezer Baptist Association
Attn: Moderator
Post Office Box 658
Blackstone, Virginia 23824

Rev. Dr. Jimmie L. Walker, Sr., Moderator – Approve/Disapproved