

New Era Missionary Baptist Convention of Georgia, Inc.
Church Data Form

Church Name _____
Address _____
Phone Number _____
Website _____
Number of Active Members _____

Pastor's Name _____
Pastor's Address _____
Phone Number _____ Home _____ Cell _____
Phone you prefer to be contacted on _____
Pastor's Email Address _____

Associate Minister's Name _____
Address _____
Phone Number _____ Home _____ Cell _____
Phone you prefer to be contacted on _____
Email Address _____

Chairperson for Deacons _____
Address _____
Phone Number _____ Home _____ Cell _____
Phone you prefer to be contacted on _____
Email Address _____

Chairperson of Trustee Board _____
Address _____
Phone Number _____ Home _____ Cell _____
Phone you prefer to be contacted on _____
Email Address _____

President of Mothers _____
Address _____
Phone Number _____ Home _____ Cell _____
Phone you prefer to be contacted _____
Email Address _____

President of Deaconess _____
Address _____
Phone Number _____ Home _____ Cell _____
Phone you prefer to be contacted on _____
Email Address _____

****Please indicate if any phone numbers are private and not for public use****

**Special Events/Anniversary Dates on the Church Calendar
(i.e., Men's Day, Women's Day, Revival, etc.)**

Event _____ **Date** _____

Event _____ **Date** _____

Event _____ **Date** _____

Event _____ **Date** _____

Event _____ **Date** _____

Event _____ **Date** _____

Event _____ **Date** _____