

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

Spring Virtual Council _____ Summer Session _____ Fall Session X

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 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. _____ Money Order _____

OFFICE USE ONLY: Received By _____ Date Received _____

A.B.S.A. FALL COUNCIL ~ OCTOBER 4 – 8, 2022

You can mail your form to Evang. Portia O'Neal, C/O: 430 W. Fall Creek Pkwy. N. Dr. Indianapolis, IN 46208 or
Register Online @ www.absacouncil.org