

# *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 \_\_\_\_\_ Summer Session   X   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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

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 JUNE 14, 2018 – PLEASE MAIL TO: ABSA SECRETARY**

**430 W. FALL CREEK PARKWAY N. DR., INDIANAPOLIS, IN 46208 / Register Online @ [www.absacouncil.org](http://www.absacouncil.org)**