Apostolic Bible Students Association of Indiana, Inc.

4th Episcopal District - Pentecostal Assemblies of the World, Inc.

Bishop Charles M. Finnell, Diocesan --- Suffragan Bishop Thomas E. Griffith, Council Chairman

Date	Annual Council	Summer Council	Fall Council _	
Y	OUTH REGISTRATION	INFORMATION FORM	PLEASE PRINT	
Church Name		Your Pastor		
Street Address		City	State	Zip
Church E-mail/Website A	ddress			

Council & Auxiliary Fees

(Circle No. of desired Auxiliary)	# of Children Ages 4-12 Years \$0.50	# of Children Ages 13-17 Years 1.50	Child's Name & Age
1. A.B.S.A. Council	x.50 =	x 1.50 = \$	1.
2. Men's Ministry	x.50 =	x 1.50 = \$	2.
3. Single's Ministry	x .50 = \$	x 1.50 = \$	3.
4. Missionary & Christian Women	x .50 = \$	x 1.50 = \$	4.
5. Ministers' Wives & Ministers' Widows	x .50 = \$	x 1.50 = \$	5.
6. Christian Education Department	x.50 =	x 1.50 = \$	6.
7. Indiana State Pentecostal Young People	x .50 = \$	x 1.50 = \$	7.
8. Indiana State Ushers	x .50 = \$	x 1.50 = \$	8.
9. Indiana Health Professionals	x.50 =	x 1.50 = \$	9.
10.Deaf Ministry	x .50 = \$	x 1.50 = \$	10.
11.Home Missions	x .50 = \$	x 1.50 = \$	11.
GRAND TOTAL	\$	\$	Total Paid \$

Office Use Only **** Received By ____ Date Received ___ Cash ___ Check No. ___ Money Order____

A.B.S.A. COUNCIL

YOR CAN MAIL YOUR FORM TO: EVANG. ANDREA D. BRANDON, C/O: 430 W. FALL CREEK PKWY. N. DR. INDIANAPOLIS, IN 46208 OR REGISTER ONLINE @ www.absacouncil.org