

# *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

Spring Annual Council   X   Summer Council \_\_\_\_\_ Fall Council \_\_\_\_\_

## **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. ANNUAL COUNCIL ~ APRIL 11-15, 2023**

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](http://www.absacouncil.org)