



WACO REGIONAL BAPTIST ASSOCIATION

Application for Membership in the Waco Regional Baptist Association

Official Church Name: _____

Physical Address of Church: _____

Mailing Address of the Church: _____

Church Telephone: (____) _____ Church Email: _____

Church Website: _____

Pastor's Name: _____ Pastor's Address: _____

Pastor's Email: _____ Pastor's Home Phone: (____) _____ Cell Phone: (____) _____

Pastor's Birthday: _____ Pastor's Anniversary (1st Sunday as official pastor): _____

Other Church Leaders:

Name:	Position:	Address:	Phone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Sponsor Church (if any): _____ Sponsor Church Pastor: _____

Is your church Incorporated? Yes No

Is your church financially self-sustaining? Yes No

What other Conventions/Associations is your church related to? _____

How many resident members do you now have? _____

Does your church own its own facility? Yes No

When did your church start? _____ (date)

Has your church adopted a statement of faith? Yes No. If so, what is it? (please attach)

What services or assistance do you hope to receive from the WRBA? _____

I understand that being a member of the Waco Regional Baptist Association requires (1) regular contributions, (2) Completing the Annual Church Profile each year, and (3) partnering regularly with other churches in ministries and missions.

Our Congregation has approved this application in a business conference.

Pastor