Central Hudson Baptist Association

MEMBERSHIP ENROLLMENT FORM

Rev. Dr. Edward O. Williamson, Moderator Reverend Dollyann Newkirk-Briggs Vice-Moderator Reverend Judith R. Williams, General Recording Secretary





Name of Chambe	
Name of Church:	
Date	Membership Type: New Annual Renewal
Physical Address	
City	State Zipcode
Mailing Address	
City	State Zipcode
Church Phone Number Chu	urch Email Address
Church Website	Church Anniversary
Social Networks Facebook	YouTube Instagram Other
Pastoral Contact Info	
Pastor's Name	
Pastor's Phone Number Pa	stor's Email Address
Gender Male Female	Pastoral Anniv.
Church Officer/Staff Contact Info	
Chair of Deacon	Phone Number
Church Secretary	Phone Number

Church Religious Affiliations/Membership				
Local:				
National				
Global				
Church Statistica	al & Facility Info			
Membership # Total	Men We	omen	Youth (1-18yrs)	
# of Licensed Clergy	# of Ordained Clergy			
Sanctuary Seating Size	ctuary Seating Size # of Classrooms Fellowship Hall Seating Size:			
Wifi: Yes No	Do you Stream? Yes No	Do you have on Site Pa	arking? Yes No	
Ministry Leaders	Contact Information			
Women's Min Leader		Phone Number		
Men/Laymen Min. Leader		Phone Number		
Youth Min Leader		Phone Number		
Ushers Min Leader		Phone Number		
Christian Ed Min Leader		Phone Number		
Sunday School Leader		Phone Number		
Church Members	ship Financial Registration			
support the Assoc	e Central Hudson Baptist Association financially yearly, \$500 one time or in installments of \$.00. A church can g	ive their registration	
Pastor's Signature				
Date				