

**NORTH ENOREE EDUCATION AND
MISSIONARY BAPTIST ASSOCIATION
OF
GREENVILLE AND SPARTANBURG COUNTIES**

ANNUAL SESSION FORM

DATE: MONTH _____ DAY _____ YEAR _____

THE _____ **CHURCH** SENDS GREETINGS TO THE
NORTH ENOREE BAPTIST EDUCATION AND MISSIONARY ASSOCIATION OF GREENVILLE
AND SPARTANBURG COUNTIES ON ITS _____ ANNUAL SESSION HELD IN THE CITY
OF _____, STATE OF **SOUTH CAROLINA**, HOST CHURCH:
_____.

CHURCH INFORMATION

NAME OF PASTOR: _____ TELEPHONE #: _____.

ADDRESS OF PASTOR: _____.

CHURCH CLERK: _____ TELEPHONE #: _____.

ADDRESS OF CLERK: _____.

CHURCH STREET ADDRESS: _____.

CHURCH MAILING ADDRESS: _____.

CHURCH TELEPHONE NUMBER: _____.

STATISTICS

INCREASE

DECREASE

BY BAPTISM _____
BY LETTER _____
BY CHRISTIAN EXPERIENCE _____
RESTORATION _____
TOTAL INCREASE _____

BY DEATH _____
BY LETTER _____
PURGE _____
OTHER _____
TOTAL DECREASE _____

PRESENT MEMBERSHIP _____

AMOUNT REPORTED WITH LETTER:

ASSESSMENT SETTING: \$ _____

TOTAL \$ _____

SIGNED _____