

**BAPTIST STATE CONVENTION of NC
ASSOCIATIONAL LEADERS - 2020-2021**

ASSOCIATION

MAILING ADDRESS				Please provide the upcoming name (new church year), mailing address, and telephone number of the following positions in your association. If the position(s) listed is not the exact title used by your association, change the title to conform to the name of the position used by your association.
CITY, ST, ZIP+4				
PHONE	-	-	FAX	
EMAIL ADDRESS				

PAID STAFF	Director of Assoc. Missions	NAME				GENERAL OFFICERS	Moderator	NAME				
		MAILING ADDRESS						MAILING ADDRESS				
		CITY, ST, ZIP+4						CITY, ST, ZIP+4				
		H. PHONE	-	-	WK. PHONE		-	PHONE	-	-	-	
		<input type="checkbox"/> FULL-TIME	EMAIL ADDRESS					EMAIL ADDRESS				
		<input type="checkbox"/> PART-TIME						NAME				
		Association Office Secretary	NAME					MAILING ADDRESS				
			MAILING ADDRESS					CITY, ST, ZIP+4				
			H. PHONE	-	-		WK. PHONE	-	PHONE	-	-	-
			<input type="checkbox"/> FULL-TIME	EMAIL ADDRESS					EMAIL ADDRESS			
		<input type="checkbox"/> PART-TIME						NAME				
	Religious Educ. or Church Dev. Dir.	NAME					MAILING ADDRESS					
		MAILING ADDRESS					CITY, ST, ZIP+4					
		H. PHONE	-	-	WK. PHONE	-	PHONE	-	-	-		
		<input type="checkbox"/> FULL-TIME	EMAIL ADDRESS					EMAIL ADDRESS				
		<input type="checkbox"/> PART-TIME						NAME				
	Other Paid Staff (Specify)	NAME					MAILING ADDRESS					
		MAILING ADDRESS					CITY, ST, ZIP+4					
		H. PHONE	-	-	WK. PHONE	-	PHONE	-	-	-		
		<input type="checkbox"/> FULL-TIME	EMAIL ADDRESS					EMAIL ADDRESS				
		<input type="checkbox"/> PART-TIME						NAME				
	Other Paid Staff (Specify)	NAME					MAILING ADDRESS					
		MAILING ADDRESS					CITY, ST, ZIP+4					
		H. PHONE	-	-	WK. PHONE	-	PHONE	-	-	-		
		<input type="checkbox"/> FULL-TIME	EMAIL ADDRESS					EMAIL ADDRESS				
		<input type="checkbox"/> PART-TIME						NAME				
	Other Paid Staff (Specify)	NAME					MAILING ADDRESS					
		MAILING ADDRESS					CITY, ST, ZIP+4					
		H. PHONE	-	-	WK. PHONE	-	PHONE	-	-	-		
		<input type="checkbox"/> FULL-TIME	EMAIL ADDRESS					EMAIL ADDRESS				
		<input type="checkbox"/> PART-TIME						NAME				
	Other Paid Staff (Specify)	NAME					MAILING ADDRESS					
		MAILING ADDRESS					CITY, ST, ZIP+4					
		H. PHONE	-	-	WK. PHONE	-	PHONE	-	-	-		
		<input type="checkbox"/> FULL-TIME	EMAIL ADDRESS					EMAIL ADDRESS				
		<input type="checkbox"/> PART-TIME						NAME				
	ACP Contact Person	NAME					MAILING ADDRESS					
		MAILING ADDRESS					CITY, ST, ZIP+4					
		H. PHONE	-	-	WK. PHONE	-	PHONE	-	-	-		
		EMAIL ADDRESS					EMAIL ADDRESS					

NEXT ANNUAL MEETING	Location (Churches or Places)	Opening Date	Time of Opening Session <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
		Closing Date	Time of Closing Session <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening