

**MEMBER CHURCH VERIFICATION**

Fourth District  
Missionary Baptist Association  
Dr. René F. Brown, PRESIDENT  
Dr. Perry Jones, Jr., VICE PRESIDENT



**Active for  
Year 2023**

\_\_\_\_\_  
Membership ID Number

Parish \_\_\_\_\_

**Section A: Church**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office E-mail Address \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Section B: Church Staff/Member**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Position \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell \_\_\_\_\_

**Section C: Pastor**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell \_\_\_\_\_

**Section D: Church Membership Size**

How many total members does your church have? Check one.

- Up to 100       101-300       301-500       501-Above

**Section E: Frequency of Payment**

- Monthly       Quarterly       Yearly

PLEASE RETURN THIS FORM NO LATER THAN JANUARY 31<sup>ST</sup> TO:

Fourth District Office  
P. O. Box 74439  
Baton Rouge, LA 70874