

MA/RI North American Missions
Daughter Work/Preaching Point Application

PLEASE PRINT

Name of mother church: _____

Address: _____

Pastor of mother church: _____

This is a: Preaching Point _____ Daughter Work _____

Name of Daughter Work: _____

Address of Service Location: Street: _____

City, state, zip: _____

Population: _____

Why are you interested in this city? _____

When did the group first begin to meet? _____

Leader working with you:

Name: _____ Ministerial Status: _____

Home Address: _____

Email address: _____

Phone Number: _____

Nearest church: _____ Pastor: _____

Have you made this pastor aware of this new work? _____

Will you advise District N.A.M. if you discontinue this work? _____

Briefly explain the current status and your plans for this work on the reverse side.

Pastor's Signature: _____

Approved? _____ If not, explain why not:

Date: _____

District N.A.M. Executive Committee:

District Superintendent: _____

Sectional presbyter: _____

District N.A.M. Director: _____

Sectional N.A.M. Director: _____

Return this application to District N.A.M. Department