



## PERSONAL INFORMATION

Name (Last)	First	MI	Preferred Name	Birthdate (Self)
Spouse Name			Preferred Name	Birthdate (Spouse)
Street Address		City	State	ZIP/Postal Code
Telephone (home)	Cell Phone	E-mail Address		
Have you participated in a mission project? <input type="checkbox"/> Yes <input type="checkbox"/> No		Project assigned through: <input type="checkbox"/> NAMB		
If yes, date of last mission project _____		<input type="checkbox"/> State Convention		
If full-time COM, what state chapter: _____		<input type="checkbox"/> Association		
		<input type="checkbox"/> Church		
		<input type="checkbox"/> Other _____		

## CHURCH MEMBERSHIP

Church Name _____	Name of Pastor _____
Street Address _____	Name of Association _____
City _____ State _____ ZIP (9 digits) _____	Church Denominational Affiliation: _____
Telephone ( ) _____ E-mail _____	<input type="checkbox"/> SBC <input type="checkbox"/> Other (specify) _____

## INTERESTS/TALENTS/GIFTS

CHECK ALL THAT APPLY

LIST AREAS OF SPECIAL TRAINING AND/OR LICENSE:

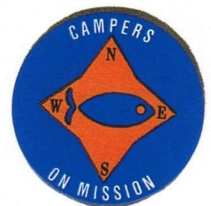
- | SELF                     | SPOUSE                   |                               |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Campground Ministries         |
| <input type="checkbox"/> | <input type="checkbox"/> | Church Planting               |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction/Maintenance      |
| <input type="checkbox"/> | <input type="checkbox"/> | Disaster Relief and Recovery  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fairs/Festival/Special Events |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Surveys/Revivals    |
| <input type="checkbox"/> | <input type="checkbox"/> | Sharing Personal Testimony    |
| <input type="checkbox"/> | <input type="checkbox"/> | State Convention Booths       |
| <input type="checkbox"/> | <input type="checkbox"/> | YBS/Bible Studies, etc.       |
| <input type="checkbox"/> | <input type="checkbox"/> | Clowning/Balloon Sculpturing  |
| <input type="checkbox"/> | <input type="checkbox"/> | Raceway Ministry              |
| <input type="checkbox"/> | <input type="checkbox"/> | Seaman's Ministry             |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical/Dental                |

## EMERGENCY CONTACT

Name _____
Street Address _____
City _____ State/Province _____ ZIP _____
Telephone ( ) _____ E-mail _____

DATE FORM COMPLETED

\_\_\_\_\_



**PLEASE RETURN COMPLETED FORM TO:**

Michelle Pyles P.O. Box 266 Gibsland, LA 71028-0266

E-Mail [pylesm03@gmail.com](mailto:pylesm03@gmail.com)