**Church Information and Partnership Form**

Stone Mountain Baptist Association

*Please mail all information to:*

Stone Mountain Baptist Association

PO Box 911

Conyers, GA 30012

*Please attach the following supplemental information:*

Pastor’s Resume

Church’s Constitution and Bylaws

Church’s Doctrinal Statement

Church’s Budget

Church’s Current Financial Statements (including Balance Sheet)

**GENERAL CHURCH INFORMATION**

|  |  |
| --- | --- |
| Official (Incorporated) Church Name: New Hope Ministries |  |
| Do you affirm Baptist Faith & Message 2000? Yes  No | |
| Year church was formed: | Year the current pastor came: |

**CHURCH CONTACT INFORMATION**

**Meeting Location** (*must be the physical address of the church, not a PO Box, to be listed on the SMBA website.)*

|  |  |
| --- | --- |
| Address: | City, State & Zip: |
| Location: | County: |

**Mailing Address** (*to be listed on the SMBA website)*

|  |  |
| --- | --- |
| Address: | City, State & Zip: |
| Phone number: | Landline Cell phone |
| Fax: |  |

**Mailing Address for Financial Information**

|  |  |
| --- | --- |
| c/o *Treasurer’s name (if applicable)* | Address: |
| City, State & Zip: |  |
| Phone number: | Landline Cell phone |

**Additional Contact Information**

|  |  |
| --- | --- |
| Primary Church Phone Number: |  |
| Primary Church Email: |  |
| Church Website: |  |
| Facebook page: |  |

**STAFF AND LAY LEADER CONTACT INFORMATION**

*Please include the preferred address and phone number for contacting the follow staff members or lay leaders. Lay leaders or volunteers may prefer for mailings to be sent to their home address instead of the church.*

**Senior Pastor**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: | Cell phone: |
| Home phone: | Birthday *(month and day)*: |
| Wife’s Name: | Wedding Anniversary: |
| Children’s names: | |

**Church Secretary or Administrative Assistant**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Treasurer**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Church Clerk**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Head Deacon or Elder**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Music/Worship Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Education/Discipleship Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Outreach/Evangelism Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Missions Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Media Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Senior Adult Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Women’s Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**College & Career Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Youth/Student Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Children’s Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Preschool Ministry**

|  |  |
| --- | --- |
| Name: | Staff  Volunteer |
| Address: | City, State & Zip: |
| Email: |  |
| Cell phone: | Home phone: |

**Other Staff or Lay Leader**

|  |  |  |
| --- | --- | --- |
| Name: | | Staff  Volunteer |
| Position: | |  |
| Address: | | City, State & Zip: |
| Phone number: | Landline Cell phone | |

***Please complete the following section if your church is new to the SBC.***

|  |  |
| --- | --- |
| Please indicate the estimated amount or percentage of your budget you plan to contribute annually to the Cooperative Program: $ | |
| Please indicate the amount enclosed with this application if this is your first contribution: $ | |
| Total Baptisms last year: | Total Membership: |
| Average Worship Attendance: | Average Sunday School or Small Group attendance: |

We are in full agreement with the purpose and doctrinal position of the SMBA as stated in the Constitution and Bylaws (attached at back) and will actively cooperate with the work of this body and the Southern Baptist Convention through financial support.

|  |  |
| --- | --- |
| Pastor Signature: | Date: |
| Church Clerk Signature: | Date: |