# STATE ASSOCIATION OF MISSIONARY BAPTIST CHURCHES OF FLORIDA
## MISSIONARY RECOMMENDATION FORM:

**In accordance with Article IX, MISSIONS DEPARTMENT, SECTION 3, Application and Approval of State Missionaries, this form must be filled out completely and sent to the clerk of the state missionary committee yearly. It must be received thirty (30) days prior to the annual state association messenger meeting.]**

**New Recommendation [ ] Re-Recommendation [ ] Salary [ ] Designated Funds [ ]**
**If for salary, amount of salary requested full [ ] or other [ ] specify amount $ _____**

**MISSIONARY NAME _____ AGE _____**
**MAILING ADDRESS _____**
**CITY _____ STATE _____ ZIP _____**
**PHONE _____ FAX _____ E-MAIL _____**
**YEAR SAVED _____ YEAR BAPTIZED _____ YEAR ORDAINED _____**
**Baptizing Church _____ City and State _____**
**Ordaining Church _____ City and State _____**
**Are you in full agreement with the doctrinal statement of the BMA of FL State Association? _____**
**Years as recommended State Missionary _____ Years at present mission _____**

**MISSION FIELD: PROPOSED AREA OF MISSION WORK**
**_____ GIVE A BRIEF DESCRIPTION [below, or on back] OF THIS MISSION WORK: IF THIS IS A RE-RECOMMENDATION OR WORK ALREADY IN PROGRESS PLEASE COMPLETE THE STATISTICAL REPORT BELOW FOR THE PREVIOUS YEAR: (NOTE: 9-1-2025 through 8-31-2026) Professions of Faith _____ Additions: (Baptism) _____ (Letter) _____ (Other) _____**
**Averages: Sunday School _____ AM Worship _____ Bible Studies: _____**
**PM Worship _____ Mid-week Service _____ Mission Membership _____**

**RECOMMENDING CHURCH: FAX_____**
**CHURCH NAME _____ PASTOR _____**
**PHONE _____ _____ E-MAIL _____**
**MAILING ADDRESS _____**
**CITY_____ STATE _____ ZIP _____**
**ADDITIONAL COMMENTS [below, or on back]: Date this recommendation was approved by the sponsoring church. _____ Church Moderator _____**
**Church Clerk _____**
**Date received by clerk of Missionary Committee. _____**