## 2025 SILOAM BAPTIST ASSOCIATIONAL LETTER

| We, the                                   |  |
|---|--|
| Address)                                  | , to the Siloam Missionary Baptist                                   |
|   | und Missionary Baptist Church, 5490 Rocky Mound Rd, Westmoreland, TN |
| 37186 beginning at 10 A.M., Friday, Octob | er 3, 2025.  |
| Greetings. We have chosen to sit with ye  | ou in your deliberations our beloved brethren:                       |
|   |  |
|   |  |
|   | Alt  |
|   |  |
|   | STATISTICS:  |
| Professions of Faith:                     | Dismissed by Letter:   |
| Received by Baptism:                      | Dismissed by Expulsion:  |
| Received by Letter:                       |  |
| Received by Restoration:                  |  |
| Received by Statement:                    | Present Membership:  |
|   |  |
|   | FINANCIAL TABLE:   |
| Missions:                                 | Building & Repairs:  |
| Benevolence:                              | Associational Expenses:  |
| Paid our Pastor:                          | Other Causes:  |
| Paid help in Meeting:                     |  |
| Paid Visiting Ministers:                  | Church Property Value:   |
|   |  |
|   | CERS & GENERAL INFORMATION:  |
| Meeting days: # E                         | nrolled in Sunday School: # of teachers:                             |
|   |  |
| Pastor:                                   | Street:  |
| Phone:<br>Email:                          | City: State, Zip:  |
|   | · -  |
| Clerk:                                    |  |
| Phone:<br>Email:                          | City: State, Zip   |
| Treasurer:                                | · •  |
| Phone:                                    |  |
| Email:                                    | State, Zip:  |
| SS Supt:                                  | Street:  |
| Phone:                                    |  |
| Email:                                    | State, Zip:  |
| Dono by the ender of the abunch in a      | enferonce (data)   |
| Done by the order of the church in co     | onference (date)   |
|   | Moderator  |
|   |  |
|   | Clerk  |

## 2025 SILOAM BAPTIST ASSOCIATIONAL LETTER

MINISTER'S

| Name:                                    | Street:                                 | _ |
|--|---|---|
| Phone:                                   | City:                                   | _ |
| Email:                                   | State, Zip: Ordained?                   |   |
| Name:                                    | Street:                                 | _ |
| Phone:                                   | City:                                   | _ |
| Email:                                   | State, Zip: Ordained?                   |   |
| Name:                                    | Street:                                 | _ |
| Phone:                                   | City:                                   | _ |
| Email:                                   | State, Zip: Ordained?                   |   |
| Name:                                    | Street:                                 | _ |
| Phone:                                   | City:                                   | _ |
| Email:                                   | State, Zip: Ordained?                   |   |
| Name:                                    | Street:                                 | _ |
| Phone:                                   | City:                                   | _ |
| Email:                                   | State, Zip: Ordained?                   |   |
| Name:                                    | Street:                                 | _ |
| Phone:                                   | City:                                   | _ |
| Email:                                   | State, Zip: Ordained?                   |   |
| Name:                                    | Street:                                 | _ |
| Phone:                                   | City:                                   | _ |
| Email:                                   | State, Zip: Ordained?                   |   |
| Name:                                    | Street:                                 | _ |
| Phone:                                   | City:                                   | _ |
| Email:                                   | State, Zip: Ordained?                   |   |
| Name:                                    | Street:                                 | _ |
| Phone:                                   | City:                                   | _ |
| Email:                                   | State, Zip: Ordained?                   |   |
| Name:                                    | Street:                                 | _ |
| Phone:                                   | City:                                   | _ |
| Email:                                   | State, Zip: Ordained?                   |   |
| OUR DECEASE                              | ED MEMBERS                              |   |
| (Please include those that have passed s | since that last Associational Meeting.) |   |
| Bro./Sis.                                | Date;                                   |   |
|  |   |   |
| Bro./Sis.                                | Date:                                   |   |

Church Website

Revival Date(s), Time(s), and Helper(s)