



CANADIAN BAPTISTS  
OF ATLANTIC CANADA

## ASSOCIATION INFORMATION SHEET

Thank you for the information you will provide on the following pages. This information will facilitate communication between the CBAC and your Association, as well as between Associations doing similar ministry. Updated information from this form is welcome throughout the year as changes occur.

**ASSOCIATION NAME** (including contact information, if different than for individual officers below, and website if applicable):

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF ASSOCIATION MEETINGS HELD THIS YEAR AND APPROXIMATE DATES:**

\_\_\_\_\_

\_\_\_\_\_

### MODERATOR:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail: \_\_\_\_\_

Position Start/End Date (dd/mm/yy): \_\_\_\_\_

### VICE-MODERATOR(S):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail: \_\_\_\_\_

Position Start/End Date (dd/mm/yy): \_\_\_\_\_

### CLERK:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail: \_\_\_\_\_

Position Start/End Date (dd/mm/yy): \_\_\_\_\_

### TREASURER:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail: \_\_\_\_\_

Position Start/End Date (dd/mm/yy): \_\_\_\_\_

*NOTE: If position titles are different than those listed above or there are additional positions (assistant clerk, assistant treasurer, communications director etc.) feel free to change/add and specify the relevant information for the people in these positions, with their Start/End Dates if known.*



**EXAMINING COUNCIL MEMBER(S):**

These names should be provided by the end of April, if possible. Members are normally appointed for a 3-year term, after which they must be replaced. "Year Retiring" refers to the last year the member will serve before being replaced. At least one alternate should be appointed in the event that an appointed member cannot serve (see the Regulations 1.4B - Composition of the Examining Council). Appointment of Representatives is based on the following: 1 member for each Association; 1 further member for total resident membership of 3,000 or more; 2 members for Prince Edward Island; 1 member for Newfoundland & Labrador (2 when total resident membership reaches 2,000) based on the latest available statistics (see statistics in the latest Yearbook: [baptist-atlantic.ca/yearbooks](http://baptist-atlantic.ca/yearbooks)).

Name	Contact Information	Year Retiring
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CONTACT INFORMATION FOR MINISTRY PEOPLE, COMMITTEES AND/OR WORKING GROUPS**

**Association Licensing Committee Chairperson:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail: \_\_\_\_\_  
Position Start/End Date (dd/mm/yy): \_\_\_\_\_

**Missions Committee Chair or Contact Person:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail: \_\_\_\_\_  
Position Start/End Date (dd/mm/yy): \_\_\_\_\_ :

**Youth & Family Committee Chairperson or Contact Person:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail: \_\_\_\_\_  
Position Start/End Date (dd/mm/yy): \_\_\_\_\_

*Please also provide the above information for the Chairperson or Contact Person for additional Association Ministry Teams, as applicable (examples: Men's Ministry, Women's Ministry, Children's Ministry, Public Witness and Social Concern, Overseas Missions, Development/Stewardship, Chaplaincy/Chaplain, Communications, Pastoral Care, Finance, Fellowship, Mediation, Camp Board/Committee).*

**Comments/Suggestions:**

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM BY EMAIL, FAX OR MAIL TO:  
Taylor Adams by email [annualreports@baptist-atlantic.ca](mailto:annualreports@baptist-atlantic.ca) or fax:  
506-635-0366

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