

PREACHING
POINT
APPLICATION



NORTH AMERICAN MISSIONS UPCI
MISSISSIPPI

Date of Application: _____ City/Community of Focus: _____

Pastor's Name: _____ Church Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Cell: _____

Email Address: _____

1. Why are you interested in this area? _____

Population of Area: _____ Nearest UPC Church: _____

How far?

2. What Section is City/Community in? _____ Sectional Presbyter: _____

3. Do you know any Pentecostals in this area? () Yes () No _____

4. Do you have family or friends in this area? () Yes () No _____

5. How do you feel about accepting people from other UPC churches? _____

Please send a copy of this application with a letter of explanation of plans to establishing a Preaching Point in this city/community to the District Superintendent, your Presbyter, and the MS N.A.M. Director. Attach a copy of a map of the area highlighting the nearest churches.

Signature of Applicant

Signature of Dist. Superintendent

Signature of Sectional Presbyter

Signature of MS N.A.M. Director