



Rev. Joel Greene, Jr., President

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APPLICATION FOR CHURCH MEMBERSHIP

(Name of Church)

(Pastor's Name)

(Address)

(Pastor's Address)

(City, State and Zip)

(City, State and Zip)

(Church phone)

(Church email)

(Pastor's phone)

(Pastor's email)

Name of Moderator/President Rev. Joel S. Greene, Jr.

Reason for becoming a member of Seventh District Baptist Association _____

When was your church organized? _____

What is the size of your Church's membership? _____

Is your Church incorporated by the State of Louisiana? _____

Give the names of two Pastors and their Churches as references:

1. _____
Pastor Church City, State Phone

2. _____
Pastor Church City, State Phone