

**Wayland Blue Ridge Baptist Association, Inc. Est. 7/2014**  
**Reporting Process**  
**Update 7/2017**

**Instructions:** This sheet *must be used when submitting monies* from individuals or churches to the WBRBA (See back for mailing address).

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Your Church Name: \_\_\_\_\_ County \_\_\_\_\_

\*\*\*Place an 'X' mark by the type of event for the funds being reported. Submit the form with checks, money orders, etc. You may report more than one item on each form. Be sure the total amount is attached/enclosed as shown.

Mark – “X”	Item Name or Type	# of Items	Subtotal
	\$100/Month Assessment		
	\$300/Quarterly Assessment		
	\$600/twice yearly Assessment		
	\$1200/yearly Assessment		
	\$100 Annual Representation Fee (includes Auxiliaries)		
	Unified Scholarship		
	Emergency Relief/Pre-Opening		
	Donations (please specify)		
	Donations (please specify)		
	Other: (ex.—ticket reports)		

Your Signature _____ Date _____	<b>Total Amount Reporting &gt;&gt;&gt;&gt;</b>	\$ _____
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**Please list the names/information for your Church delegates, Pastor & Church Clerk:**

**1. Delegate's Full Name** \_\_\_\_\_

Mailing Address w/zip code

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Email Address \_\_\_\_\_ Phone w/area code \_\_\_\_\_

**2. Delegate's Full Name** \_\_\_\_\_

Mailing Address w/zip code

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Email Address \_\_\_\_\_ Phone w/area code \_\_\_\_\_

**3. PASTOR's Full Name** \_\_\_\_\_

Mailing Address w/zip code

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Email Address \_\_\_\_\_ Phone w/area code \_\_\_\_\_

**4. CHURCH CLERK Full Name** \_\_\_\_\_

Mailing Address w/zip code

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Email Address \_\_\_\_\_ Phone w/area code \_\_\_\_\_

**Please list the names of the deceased members in your church or community since the last Annual Session.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Mail to: **Dea. Donald Brooks, Treasurer, WBRBA**  
**P.O. Box 1037**  
**Orange, VA 22960**

Questions??? Phone: **540.854.7442**