

SCTX New Preaching Point Form

PLEASE PRINT OR TYPE

Preaching Point Church Name Date Established _____

Physical Address of Preaching Point _____

Phone _____

Show as (city) in Directory _____

Section in District _____

Mailing Address of Preaching Point _____

Preaching Point Pastor ID# _____ Mother Church Submitting Request ID # _____

Mother Church Address _____

Mother Church Pastor ID# _____

Will you give the NAM Department notice if you discontinue the work? _____

Please check one of the following options for listing in the UPCI Directory:

Option 1 – list the name of the pastor of the Mother Church only _____

Option 2 – list the name of the pastor of the Preaching Point only _____

NOTE: If he is not licensed with UPCI, he cannot be listed in the directory.

Option 3 – list both the name of the pastor of the Mother Church and Preaching Point _____

Submitted by: _____

Date approved: _____

District Superintendent, District Secretary or District NAM Director: _____

Please mail or email this application to:

Jimmie Hughes

P.O. Box 384

Seguin, Texas 78156

brojhughes@hotmail.com