



# 2024 Membership Form

BSAAM functions on the dues of its members. Office personnel active or retired from Southern Baptist Churches, Associations, State Conventions, and Denominational institutions and agencies can be a member of BSAAM. Office personnel from other denominations can also join as an associate member.

As a member you will receive quarterly emails, reduced registration fees for BSAAM events as well as networking opportunities with other statewide secretaries and the joys of lifelong relationships.

Memberships run from January 1 to December 31 of each calendar year. Memberships are not transferrable; if you do not renew your dues for one calendar year, you will be required to pay the initial new member fee.

**New Member Dues-\$35.00**

**Renewal Dues-\$30.00**

**Retiree Dues-\$15.00**

**\*\*PLEASE COMPLETE ONE FORM PER PERSON\*\***

FULL NAME: \_\_\_\_\_  
First Name Last Name

ORGANIZATION WORK FOR: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_  
City State Zip Code

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
(Year Optional)

EMAIL: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_

WHAT IS YOUR JOB POSITION? (Circle your answer — if other, please list position)

- |                       |                           |                              |                             |
|-----------------------|---------------------------|------------------------------|-----------------------------|
| <b>Office Manager</b> | <b>Ministry Assistant</b> | <b>Association Assistant</b> | <b>Convention Assistant</b> |
| <b>Financial</b>      | <b>Receptionist</b>       | <b>Student Ministry</b>      | <b>Children's Ministry</b>  |
| <b>Media Ministry</b> | <b>Worship Ministry</b>   | <b>Pastor Assistant</b>      | <b>Retired</b>              |
| <b>Other</b> _____    |                           |                              |                             |

**BSAAM (Baptist Secretaries & Administrative Assistants of Missouri) Photo/Media Release**

I hereby grant permission to BSAAM to use my name and/or photograph publicly to promote BSAAM. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. The consent remains in effect unless notice of revocation of authorization by consenter is submitted in writing to BSAAM.

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

Printed Full Name: \_\_\_\_\_

*Please make checks payable to **BSAAM** and mail to our Membership VP:*

**Kathy Angel, BSAAM**  
**First Baptist Church**  
**PO Box 157**  
**Odessa, MO 64076**

