

RAA/RMAI
Church Directory Questionnaire



(Please Print or Type)

Name of Pastor _____
(Last) (First) (Middle)

Spouse's name _____
(Last) (First) (Middle)

Name of Church _____

mm dd yy
 / /
 Date

Year(s) attended RBTC 19__19__
 20__20__

Year(s) attended RBTC 19__19__
 20__20__

Church Mailing Address _____

City _____ State _____ ZIP _____

Church Physical Address _____

City _____ State _____ ZIP _____ Church Phone () _____

In a suburb of _____ or a part of the _____ metroplex.

Date Church established mm dd yy / / Current average Sunday a.m. attendance _____

Did you: Start the church Take an existing work Other _____

Ministers' credentials through RMAI? Yes No RMAI Application in Process

If no, through what organization? _____

If no, would you like an RMAI application packet sent to you? Yes No

Would you like the audio "loaner" tape entitled "Pioneering Strategies" sent to you? Yes No