

**Morgan Baptist Association
Information Update Form**

Name _____

Church _____

I need to submit these changes:

Office Physical Address

Street Address-Physical

Address Line 2

City _____ State _____ Zip Code _____

Mailing Address

Street Address

Address Line 2

City _____ State _____ Zip Code _____

Office Phone Number (_____) _____ - _____ Cell (_____) _____ - _____

Office Fax (_____) _____ - _____

Email _____

Church website _____