



Texas District Preaching Point Application

PLEASE PRINT

Preaching Point Church Name: _____

Date Established: _____ / _____ / _____

The Section this Preaching Point is in: _____

Physical Address of Preaching Point: _____

City

TX
State

Zip code

Preaching Point Pastor: _____

Mother Church Address: _____

City

TX
State

Zip code

Mother Church Pastor: _____

Please submit through your District Superintendent, Secretary or NAM Director