ALABAMA STATE MISSIONARY BAPTIST CONVENTION, INC.

2026 ELECTIONS GRIEVANCE SUBMISSION FORM

(For Churches Not Appearing on the Eligible Voters' List)

1. CHURCH INFORMATION

Church Name: _____

Church Address: _____City: _____Zip: _____

Pastor's Name: _____ Clerk/Secretary:_____

Contact Person: _____ Number: (____)_____

Email address: _____

2. STATEMENT OF GRIEVANCE

Please briefly explain how your church meets the constitutional requirements for voter inclusion.

_____

_____

3. FINANCIAL QUALIFICATION VERIFICATION

$200 per year, including the current election year

☐ Our church has met the required financial contribution qualifications.

☐ Supporting documentation attached (receipts, cancelled checks, statements, registration forms)

4. CERTIFICATION

We certify that the information provided is true and accurate to the best of our knowledge.

Pastor's Signature: _____ Date: _____

Clerk/Secretary Signature: _____ Date: _____

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For the Grievance Committee Use Only

- ☐ Eligible to Vote
- ☐ Ineligible to Vote

  Reason:_____

  _____

Grievance Committee Mbr: _____ Date: _____

Grievance Committee Chair: _____ Date: _____

Elections Commission Chair: _____ Date: _____

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