

**QUARTERLY FREE WILL BAPTIST CHURCH LETTER TO
QUARTERLY MEETING/DISTRICT ASSOCIATION**

_____ to _____
(Name of Church) (Name of Quarterly Meeting/District Association)
 Meeting at _____ Church on _____, 20____
(Date)
 Period of time this report covers: From _____, 20____ to _____, 20____
(Month) (Month)
 Name of Church _____ Telephone (____) _____
 Mailing Address _____ County _____
 City _____ State _____ Zip _____
 Name of Pastor _____ Telephone (____) _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Name of Clerk _____ Telephone (____) _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Name of Sunday School Superintendent/CE Director _____

A. CHURCH CHARACTERISTICS

1. Location:
 - City/Town
 - Rural
2. Our Pastor is:
 - Full-time
 - Bivocational

B. MEMBERSHIP INFORMATION

1. Total number of baptisms _____
2. Total members added _____
3. Total members lost _____
4. Total membership _____

C. STEWARDSHIP INFORMATION

1. Does your church have a budget?
 - Yes
 - No
2. Total tithes and offerings for this reporting period
 \$ _____

D. BUILDING INFORMATION

1. Does your church have a parsonage?
 - Yes
 - No

DELEGATES _____

RECOMMENDATIONS _____

REQUESTS _____

2. Total value of all church property, including parsonage \$ _____

E. GENERAL INFORMATION

1. Total number of ordained ministers* _____
 licensed ministers* _____
2. Total number of ordained deacons _____
3. Does your church have (check all that apply):
 - Day Care
 - Kindergarten
 - Christian Day School
 - Bible Institute
 - College
4. Does your church have a Sunday School?
 - Yes Total enrollment _____
 - No
5. Does your church have Church Training Service?
 - Yes Total CTS enrollment _____
 - No
6. Does your church have Woman's Auxiliary?
 - Yes Total WNAC enrollment _____
 - No
7. Does your church have Master's Men?
 - Yes Total Master's Men enrollment _____
 - No

REPRESENTATION FEES:

Quarterly \$ _____
 District \$ _____
 State \$ _____
 National \$ _____

 Pastor (Signature)

 Clerk (Signature)

*Attach names, mailing addresses and telephone numbers.

Order from Executive Office, P.O. Box 5002, Antioch, Tennessee 37011-5002.
Please make a photo copy for your records.

Form 501 (Rev. 5/04)