

ANNUAL STATE ASSOCIATION LETTER TO THE NATIONAL ASSOCIATION

Name of State Association _____
 Period of time this report covers: From _____, 20__ to _____, 20__
 Present Moderator's Name _____ Telephone (____) _____
 Mailing Address _____
 City _____ State _____ Zip _____

DELEGATES: 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

ALTERNATES: 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

A. CHURCH CHARACTERISTICS

1. Total number of district associations _____
2. Total number of district associations reporting _____
3. Total number of churches _____
4. Total number of churches reporting _____
5. Total number of churches in:
 City/Town _____ Rural _____
6. Total number of churches with:
 Full-time pastors _____
 Bivocational pastors _____

B. MEMBERSHIP INFORMATION

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

C. STEWARDSHIP INFORMATION

1. Total income of all churches \$ _____
2. Total number of churches with budgets _____

D. BUILDING INFORMATION

1. Total number of churches with parsonages _____
2. Total value of all church property, including parsonages \$ _____

E. GENERAL INFORMATION

1. Total number of ordained ministers* _____
 licensed ministers* _____
2. Total number of ordained deacons _____
3. Total number of churches with:
 Day Care _____
 Kindergarten _____
 Christian Day School _____
 Bible Institute _____
 College _____
4. Total Sunday School enrollment _____
5. Total CTS enrollment _____
6. Total WNAC enrollment _____
7. Total Master's Men enrollment _____

| Name and Address of State Associational Property | Director's Name and Address | Value of Associational Property |
|---|--------------------------------|------------------------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Representation fee (\$100 per church) enclosed: \$ _____

Signed: Clerk's Name _____ Telephone (____) _____
 Mailing Address _____
 City _____ State _____ Zip _____

*Attach names, mailing addresses and telephone numbers.