Annual State Association Letter to the National Association

State Association	Dates of Next Meeting to /		
(Please attach the following information regarding your next me			
Reporting Period / to /	(month/year) Moderator's Email		
Moderator	Phone ()	
Address	City	State Zip	
Clerk	Email		
Phone ()	Representation Fees (\$175 per church))\$	
Address	City	State Zip	
Treasurer			
Phone ()			
National General Board Member			
Delegates			
1	4		
2	5		
3			
A. CHURCH CHARACTERISTICS		DSHIP INFORMATION	
1. Number of district associations	1. Income o	f all churches \$	
2. Number of district associations reporting	2. Number o	of churches with budgets	
3. Number of churches		G INFORMATION	
4. Number of churches reporting			
5. Number of churches:	2. Value of all church property including parsonages		
Within city limits	\$		
Rural			
6. Number of churches with:	E. GENERAL INFORMATION 1. Number of ordained ministers		
Full-time pastors	2 Number of	2. Number of ordained deacons	
Bi-vocational pastors	3. Number of		
B. MEMBERSHIP INFORMATION		Daycares	
1. Baptisms			
2. Members added			
3. Members lost			
4. Membership			
I am submitting, with this report, all district and qua		, along with two copies of the state association m	
Name and Address of State	Director, Address, Email	Value of Associational Prope	
Associational Property		\$	
Please retain a copy for your records. Mail forms to Executive Office: PO Box			