

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

to \_\_\_\_\_

(Name of Church) Meeting at \_\_\_\_\_ Church on \_\_\_\_\_ (Name of Quarterly Meeting/District Association) \_\_\_\_\_, 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.