

**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)