

**ANNUAL CONGREGATIONAL STATISTICAL REPORT
FOR THE CALENDAR YEAR 2017**

PLEASE TYPE or PRINT ALL INFORMATION

DUE MARCH 15, 2018

NAME OF CONGREGATION: _____ **REGION** _____

Mailing Address: _____

City _____ State _____ Zip _____

Church Office Phone (_____) _____ Fax (_____) _____ Facebook: Yes _____ No _____

Email _____ Website _____

Location of Worship Services: *(If different than Mailing Address)*

Address: _____

City _____ State _____ Zip _____

***MEMBERSHIP TOTALS: (as of January 1, 2018)**

BAPTIZED MEMBERSHIP TOTAL _____ (Total number of baptized members, including those who are also confirmed members)

CONFIRMED MEMBERSHIP TOTAL _____ (Total number of confirmed members)

Household Units _____

Total Number of Sunday Morning Worship Services held in 2017: _____ Average Sunday Morning Attendance: _____

Number of Communion Services: _____ Number of Members who communed at least once during the past year _____

Total Number of Sunday School Sessions for PreK – 8th Grade held in 2017: _____ Average Attendance _____

Total Number of Sunday School Sessions for 9th-12th Grade held in 2017: _____ Average Attendance _____

STARTING TIME OF SUNDAY WORSHIP SERVICE(S) _____

DO YOU HAVE SUNDAY SCHOOL FOR CHILDREN? Yes _____ No _____ Starting Time: _____

DO YOU HAVE ADULT CLASS ON SUNDAY MORNINGS? Yes _____ No _____ Starting Time: _____

DO YOU HAVE CATECHISM CLASSES FOR YOUTH? Yes _____ For Grades _____ No _____

EVANGEL BULK MAILING:

Your congregation is currently receiving _____ copies of each issue of *The Evangel* (bulk mailing).

Please report the average number of copies remaining after distribution of each issue. _____

* Thank you for supplying this information. The amount of grant monies received at times is based on the total baptized membership of The AALC and the number of voting delegates each congregation receives for General Conventions is based on the total confirmed membership. Your assistance in reporting this information helps us to remain up-to-date.

SENIOR PASTOR: _____ Home Phone (____) _____
Home Address _____ Cell Phone (____) _____
City _____ State _____ Zip _____
Email _____

ASSOCIATE PASTOR: _____ Home Phone (____) _____
Home Address _____ Cell Phone (____) _____
City _____ State _____ Zip _____
Email _____

DO YOU HAVE A DEACONESS? No ____ Yes ____ *(If yes, provide the following information)*

Name _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Email _____

DO YOU HAVE A CHRISTIAN EDUCATION DIRECTOR? No ____ Yes ____ *(If yes, provide the following information)*

Name _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Email _____

DO YOU HAVE A PAROCHIAL SCHOOL? No ____ Yes ____ *(If yes, please provide the following information)*

Name of School _____ Office Phone (____) _____
Number of Pupils Enrolled: Preschool _____ K-6 _____ Grades 7-8 _____ Grades 9-12 _____

MINISTRIES:

MEN: Name of Contact Person _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Email _____

WOMEN: Name of Contact Person _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Email _____

YOUTH: Name of Contact Person _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Email _____

FINANCIAL INFORMATION:

Income from Contributions: \$ _____
From Interest, Grants, Bequests: \$ _____
TOTAL INCOME \$ _____
Contributions to Unusual Expenses for the year \$ _____ (Building costs, remodeling, equipment, etc.)
Contributions to General Budget of The AALC \$ _____
Contributions to World Missions of The AALC \$ _____
Contributions to American Missions of The AALC \$ _____
Contributions to the Seminary of The AALC \$ _____
Contributions to other Missions and Benevolence \$ _____

OFFICERS OF THE CONGREGATION: (Please fill in name and contact info for those that will serve during 2018)

President Mr. / Mrs. / Ms _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Vice President Mr. / Mrs. / Ms _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Elder Mr. / Mrs. / Ms _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Secretary Mr. / Mrs. / Ms _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Treasurer Mr. / Mrs. / Ms _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Church Office Administrator or Secretary Mr. / Mrs. / Ms _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

**REPORT DUE IN NATIONAL OFFICE BY MARCH 15, 2018.
PLEASE MAIL THIS REPORT TO:**

**THE AALC NATIONAL OFFICE
921 East Dupont Road #920
Fort Wayne IN 46825-1551**

If you have any questions, please call (260) 452-3213.