

ANNUAL CONGREGATIONAL STATISTICAL REPORT FOR THE CALENDAR YEAR 2018

PLEASE TYPE or PRINT ALL INFORMATION

DUE FEBRUARY 28, 2019

NAME OF CONGREGATION: _____ REGION _____

Mailing Address: _____

City _____ State _____ Zip _____

Church Office Phone (_____) _____ Does the church have a Facebook Page: Yes _____ No _____

Email _____ Website _____

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

Address: _____

City _____ State _____ Zip _____

STARTING TIME OF SUNDAY WORSHIP SERVICE(S) _____

INDICATE HERE IF YOU HAVE REGULAR MID-WEEK SERVICES: Day _____ Time: _____

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 CONFIRMATION/CATECHISM CLASSES FOR YOUTH? Yes _____ No _____

DO YOU HAVE VACATION BIBLE SCHOOL? Yes _____ No _____

***MEMBERSHIP TOTALS: (as of January 1, 2019)**

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 2018: _____ 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 2018: _____ Average Attendance _____

Total Number of Sunday School Sessions for 9th-12th Grade held in 2018: _____ Average Attendance _____

* Thank you for supplying this information. The number of voting delegates each congregation receives for the General Convention is based on the total confirmed membership. Your assistance in reporting this information helps us to remain up-to-date.

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. _____

SENIOR PASTOR: _____ Home Phone (____) _____

Home Address _____ Cell Phone (____) _____

City _____ State _____ Zip _____

Email _____

Check here if you have Pastoral Vacancy

If applicable -

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 2019)

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 _____

PLEASE COMPLETE & MAIL REPORT TO THE NATIONAL OFFICE BY FEBRUARY 28, 2019.

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

**If you have any questions, please call Bonnie at (260) 452-3213.
If you would like to receive this form as a word document, please email your request to: theaalc@taalc.org.
You may also email your completed report to the above email address.**