

**THE CHRISTIAN METHODIST EPISCOPAL CHURCH
QUARTERLY CONFERENCE REPORT
THE _____ AUXILIARY REPORT**

DATE: _____ **CHURCH:** _____

Presiding Elder _____ and members of the _____ Quarterly Conference, it is a privilege to submit this report for the quarter beginning _____ and ending _____.

MEMBERSHIP ACCOUNTABILITY

Number of Members: _____
Number of Meetings Held: _____
Members taking the Christian Index: _____
Members taking the Missionary Messenger: _____
Members Owning a Discipline: _____

ACTIVITIES

Training Workshops Conducted and Nature of Workshop: _____

Number of Members Attending: _____

Special Activities Planned/Completed: _____

Describe the nature and purpose of your auxiliary: _____

Do you have plans for an annual day, list date and plans? _____

Number of Members Attending the District Functions: _____
Number of Members Attending the Annual Conference: _____
Number of Members Attending the Annual CME Convocation: _____

STEWARDSHIP

Amount Received from Members: _____
Amount Received from Activities: _____
Total Amount Received: _____
Amount Dispersed for expenses: _____
Total Amount Available: _____

SPIRITUAL GROWTH

Members Attending Morning Worship: _____
Members Attending Sunday School: _____
Members Attending Midweek Services: _____
Members visiting the sick and shut-in: _____
Members calling on the inactive: _____
Members who are Tithing: _____

Submitted,

President _____

Pastor _____

Presiding Elder _____