

REPORT OF LOCAL CHURCH MINISTER

Send To: Conference Office

P.O. Box 1086

Dublin, Virginia 24084

For Month Ending _____, 20____

Supply Pastor at _____

Other Position _____

No. Sermons Preached _____ Other Services Conducted _____

No. Revivals Conducted _____

No. Visits: Home _____ Jails _____ Nursing Homes _____

Other Ministries I am Involved In:

Sunday School Teacher _____

Vacation Bible School _____

Other _____

No. Saved _____ Sanctified _____ Baptized w/ Holy Spirit _____

Healings _____

Total Income: _____ Tithes Paid to Local Church _____

Name: _____

Telephone: _____

Address: _____

E-Mail Address _____