



**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 <i>Christian Index</i> :	
Members taking the <i>Missionary Messenger</i> :	
Members owning a <i>Discipline</i> :	

ACTIVITIES

Training workshops conducted and nature of workshop:
Number of member 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 Unity Summit:	

Auxiliary Report

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:	
Member attending Sunday School:	
Members attending mid-week services:	
Members visiting the sick and shut-ins:	
Members calling on the inactive:	
Do you have prayer times?	
Members tithing in the Local Church:	

Submitted,

President:

Pastor:

Presiding Elder:

President Prelate: