

Associational Supplement Form (Part A)

Due date: _____

Throughout this form “this year” includes any date since completing this report last year.

CHURCH NAME*

MEETING TIMES

Day	Time	Type: Service, Classes, Bible Study, etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HISTORICAL EVENTS

Please list any historical events your church has had this year.

DEATHS

Please list any members who have passed away this year. (Online, list one person per blank for the first 20 names. Use the large box at the bottom for remaining names if you need extra space.)