

# ANNUAL CONGREGATIONAL STATISTICAL REPORT FOR THE CALENDAR YEAR 2019

**PLEASE TYPE or PRINT ALL INFORMATION**

**DUE MARCH 1, 2020**

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 \_\_\_\_\_

**PLEASE INDICATE STARTING TIME(S) OF WORSHIP SERVICE(S)**

**SUNDAY** – Starting Time: \_\_\_\_\_ **SUNDAY** – Starting Time: \_\_\_\_\_ **SUNDAY** – Starting Time: \_\_\_\_\_

**REGULAR MID-WEEK SERVICES:** Day \_\_\_\_\_ Starting Time: \_\_\_\_\_

**ADVENT** Midweek Services: Day \_\_\_\_\_ Starting Time: \_\_\_\_\_ None \_\_\_\_\_

**LENTEN** Midweek Services: Day \_\_\_\_\_ Starting Time: \_\_\_\_\_ None \_\_\_\_\_

**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, 2020)**

**OUR BAPTIZED MEMBERSHIP TOTAL is** \_\_\_\_\_ (this is the total number of **ALL** members – baptized & confirmed)

**OUR CONFIRMED MEMBERSHIP TOTAL is** \_\_\_\_\_ (this is the total number of those who are confirmed)

Household Units \_\_\_\_\_

Total Number of Sunday Morning Worship Services held in 2019: \_\_\_\_\_ 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 – 8<sup>th</sup> Grade held in 2019: \_\_\_\_\_ Average Attendance \_\_\_\_\_

Total Number of Sunday School Sessions for 9<sup>th</sup>-12<sup>th</sup> Grade held in 2019: \_\_\_\_\_ 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 Pastoral Vacancy

Check here if being served by ULLM (Contact Info Below)

*If applicable -*

**ASSOCIATE PASTOR:** \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

*If applicable -*

**ULLM:** \_\_\_\_\_ 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 \_\_\_\_\_

**MEN'S MINISTRY:** Name of Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**WOMEN'S MINISTRY:** Name of Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**YOUTH MINISTRY:** 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 (ALTS) \$ \_\_\_\_\_  
Contributions to other Missions and Benevolence \$ \_\_\_\_\_

**OFFICERS OF THE CONGREGATION: (Please fill in name and contact info for those that will serve during 2020)**

**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 MARCH 1, 2020.**

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

**If you have any questions, please call Bonnie at (260) 755-9401.  
If you would like to receive this form as a word document, please email your request to: [theaalc@taalc.org](mailto:theaalc@taalc.org).  
You may also email your completed report to the above email address.**