

**THE MACON/BARNESVILLE DISTRICT
AUXILIARY QUARTERLY CONFERENCE REPORT**

Auxiliary Name: _____

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 meetings held _____

Members taking the Christian Index _____

Members taking the Missionary Messenger _____

Members owning a **Discipline** _____

Activities: Training-Workshops conducted and nature: (provide date(s) and plans)

Members attending: _____

Special Activities Planned:

Special Activities Completed:

Does this auxiliary/ministry have an outreach focus? If so describe _____

What is the Auxiliary/Ministry's Mission Statement?

Will your Church be represented in the District Conference _____

If yes, how many will be attending _____

Number of Members attending other District Functions _____

Number of Members attending the Annual Conference _____

Number of Members attending the General Conference _____

Number of Members attending the Annual Convocation _____

Stewardship:

Amount received from members _____

Amount received from activities _____

Total Amount Received: _____

Amount disbursed for expenses _____

Total Amount Available _____

Spiritual Growth:

Members attending morning Worship _____

Members attending Sunday School _____

Members attending mid-week Service _____

Members visiting the sick & shut-in _____

Members calling on the inactive _____

Submitted by:

President: _____

Pastor: _____

Presiding Elder: _____

Presiding Bishop: _____