|  |  |  |  |
| --- | --- | --- | --- |
| **Church:** |  | **Pastor:** |  |
| **District:** |  | **Date:** |  |

**To be included in Reports hand-out at Church Conference and filed with the recording secretary, pastor, and district superintendent at the time of the annual Church Conference.**

**I. CHURCH MEMBERSHIP AVERAGES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Total Full Members Reported At Close Of **Last Year** |  |  | Attendance In Worship |  |
|  |  |  | Attendance In Church School |  |
| Additions: |  |  | Attendance In Youth Fellowship |  |
| 1. Received This Year On Profession Of Christian Faith | + |  |  |  |
| 1. Restored By Affirmation (or correction to previous year’s report) | + |  |  |  |
| 1. Received From Other United Methodist Churches | + |  |  |  |
| 1. Received From Other Denominations | + |  |  |  |
| 1. Other Estimated Additions | + |  |  |  |
| 1. Add Lines 2-6 |  |  | **Total Additions** |  |
| Deductions: |  |  |  |  |
| 1. Removed Or Corrected By Charge Conference Action in 2020 | - |  |  |  |
| 1. Withdrawn | - |  |  |  |
| 1. Removed By Transfer To Other United Methodist Churches | - |  |  |  |
| 1. Removed By Transfer To Other Denominations | - |  |  |  |
| 1. Removed By Death | - |  |  |  |
| 1. Other Estimated Reductions | - |  |  |  |
| 1. Add Lines 8-13 |  |  | **Total Reductions** |  |
| 1. Estimated Year-End Net Additions/Deductions (Subtract line 14 from line 7.) This could result in a negative number on this line |  |  |  |  |
| 1. Estimated Year-End Membership (Line 1 + Line 15) |  |  |  |  |
|  |  |  |  |  |
| Number Of Person Baptized This Year (All Ages) |  |  |  |  |
| Total Baptized Members Who Have Not Become Professing Members |  |  |  |  |
| Number Of Persons On Constituency Role (¶230.3) |  |  |  |  |
| Total Enrolled In Confirmation Preparation Classes This Year |  |  |  |  |

**II. INACTIVE MEMBERS**

|  |  |  |
| --- | --- | --- |
| First Year |  | Second Year |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**III. MEMBERSHIP CARE:** *(As Recommended By Pastor and Membership Secretary.)*

|  |
| --- |
|  |
| ***Pastor’s Signature*** |
|  |
| ***Membership Secretary’s Signature*** |
|  |
| ***Date*** |