

ATLANTIC MISSION SOCIETY
The Presbyterian Church in Canada
AUXILIARY STATISTICAL REPORT FORM

PRESBYTERIAL _____ FOR THE YEAR _____

To Auxiliary Secretaries: This form is to be filled in, presented and passed at your Auxiliary meeting. Please return to your Presbyterian Corresponding Secretary by the date requested.

Name of Auxiliary _____

Name and Location of Church _____

1. Officers for the ensuing year:

President's Name _____ Phone _____

Address _____

_____ Postal Code _____

E-Mail address _____ Fax _____

Secretary's Name _____ Phone _____

Address _____

_____ Postal Code _____

E-Mail address _____ Fax _____

Vice-President's Name _____

Treasurer's Name _____

2. Total number of Active Members _____ Female _____ Male _____

3. Average attendance at meetings _____

4. Number of Members added during the year _____ Female _____ Male _____

5. Total number of Associate Members _____ Female _____ Male _____

6. Number of Members moved from the congregation _____

7. Number of Members deceased during the year: Life _____ Other _____

8. Names of deceased Members _____

This section is to be completed by the Presbyterian Corresponding Secretary:

Please return this form before _____ to the Presbyterian Corresponding Secretary:

Name _____

Address _____

_____ Postal Code _____