

Associational Supplement Form (Part A)

Due date: September 15

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

CHURCH NAME*

MEETING TIMES

Type: Service, Classes, Bible Study, etc.

Day

Time

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

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please list any additional names here.