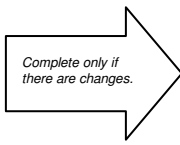


GCMF ANNUAL AFFILIATE REPORT

CHURCH / MINISTRY _____

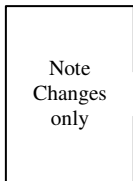


Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

PASTOR / DIRECTOR _____

Phone: _____ Email: _____

OTHERS IN LEADERSHIP:



Associate Pastor/Director _____
Assistant Pastor/Director _____
Youth/Children Leader _____
Counselor _____
Others (Give Titles) _____

Weekly meetings: (note changes only) Time / Average attendance / Nature of meeting

Sunday morning	_____ / _____ / _____
Sunday evening	_____ / _____ / _____
Monday	_____ / _____ / _____
Tuesday	_____ / _____ / _____
Wednesday	_____ / _____ / _____
Thursday	_____ / _____ / _____
Friday	_____ / _____ / _____
Saturday	_____ / _____ / _____

Has your attendance increased; stayed the same; decreased; not applicable

Comments _____

Did a GCMF representative speak at a meeting or address your leadership during the last year? _____

If so who was the person? _____

If not, please schedule a date when a Representative can visit.

Comments _____

**** PLEASE INCLUDE A BRIEF MINISTRY REPORT AND FINANCIAL STATEMENT WITH THIS FORM**

Signature _____ Date _____