

Mid-Year Session (March) and Annual Session (October) Church Reporting Form

Event Date: _____

Church Name: _____ Pastor: _____

Physical Address: _____

I. Ordained Ministers (\$6.00)

Name		Amount	Name		Amount
1		\$	3		\$
2		\$	4		\$

II. Licensed Ministers (\$4.00)

Name		Amount	Name		Amount
1		\$	4		\$
2		\$	5		\$
3		\$	6		\$

III. Deacons (\$3.00)

Name		Amount	Name		Amount
1		\$	6		\$
2		\$	7		\$
3		\$	8		\$
4		\$	9		\$

IV. Church Membership (\$2.00 each)

Number of Members:	Membership Fee:	
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I.	Ordained Ministers	
II.	Licensed Ministers	
III.	Deacons	
IV.	Church Membership	
	Total Submitted	

Make all checks payable to JDMBA, Inc.

Church's Clerk: _____ Contact No. _____

Clerk's Address: _____

March & October Only