

**THE CHRISTIAN METHODIST EPISCOPAL CHURCH
QUARTERLY CONFERENCE REPORT
THE STEWARDESS BOARD REPORT**

DATE: _____ CHURCH: _____
Presiding Elder _____ and members of the _____ Quarterly Conference, it
is a privilege to submit this report for the quarter beginning _____ and ending _____.

MEMBERSHIP ACCOUNTABILITY

Number of Members:	_____
Number of Members Serving Assignments:	_____
Number of Meetings Held:	_____
Number of Members Attending:	_____
Members taking the Christian Index:	_____
Members taking the Missionary Messenger:	_____
Members Owning a Discipline:	_____
Number of Needy Persons Reported to the Pastor:	_____
Number of Visitations:	_____
Number of Stewardesses making Visits:	_____
Total Number of Visits:	_____
Number of members attending the Annual CME Convocation:	_____
Members registered to vote:	_____
Members involved in social or civic activities:	_____

ACTIVITIES

Training Workshops Conducted and Nature of Workshop:
Number of Members Attending: _____

Special Activities Planned/Completed: _____

What are your goals for this conference year? _____

STEWARDSHIP

Amount Received from members: _____
Amount Received from Activities: _____
Total Amount Received: _____

SPIRITUAL GROWTH

Members Attending Morning Worship: _____
Members Attending Sunday School: _____
Members Attending Midweek Services: _____
Members Paying Tithes in local Church: _____
Members visiting the sick and shut-in and inactive: _____
Do the Stewardesses meet regularly for prayer: _____

WORSHIP RESPONSIBILITY

Number of times Communion has been served: _____
How many sick and shut-in served: _____
Total Number of Baptisms: _____
Infants: _____ Youth: _____ Adults: _____
What Liturgical Color is the Altar: _____
What is the Liturgical season: _____
What does this Liturgical season symbolize: _____

SETTING OF THE PASTORS SALARY - *FIRST QUARTER OR UNTIL COMPLETED*

Has the pastors' Salary and Expenses been set: _____
Amount Estimated for Salary: _____
Amount Estimated for Pension: _____
Amount Estimated for Housing: _____
Amount Estimated for Travel: _____

Amount Estimated for Insurance: _____

Amount Estimated for Continuing Education: _____

Amount for Social Security: _____

Submitted,

President _____

Pastor _____

Presiding Elder _____

Presiding Bishop _____