

The Cape Fear District Union

Church Financial Report

District Union: Summer Year 2024

Name of Church: _____

Church Address: _____

Delegates: _____

Total number of all members: = _____

(Including Ministers, Deacons and exempt)

Assessments

Pastor: _____ = \$ 10.00

**Note: Please DO NOT include your Ministers and Deacons in your total for Adult Membership. They should be listed separately below.

1. Total Number of Elders: _____ x \$8.00ea. = \$ _____

2. Total Number of Minister: _____ x \$6.00ea. = \$ _____

3. Total Number of Deacons: _____ x \$7.00 ea. = \$ _____

4. Total Number of Adult Members: (DO NOT INCLUDE EXEMPT) _____ x \$2.00 ea. = \$ _____

5. Total Number of Minor Members: _____ x \$1.00 ea. = \$ _____

6. Union Workers Report _____ (\$30.00 Minimum) = \$ _____

Total Amount sent to Union (total includes lines 1,2,3,4,5,6 + Pastor) = \$ _____

Church Secretary Signature: _____

Pastor Signature: _____

The Cape Fear District Union

Date: _____

Church Name: _____

Pastor: _____

Pastor's Dues: \$10.00

Ministerial Staff

Elders = \$8.00 ea.

Ministers= \$6.00

(Please list names below – you may use an additional sheet if necessary)

_____	_____
_____	_____
_____	_____
_____	_____

Total Paid for Ministerial Staff: \$_____

Deacons

Deacons = \$7.00 ea.

(Please list names below – you may use an additional sheet if necessary)

_____	_____
_____	_____

Total Paid for Deacons: \$_____

The Cape Fear District Union

Church Statistical Report

District Union: Summer Year 2024

Name of Church: _____

Church Address: _____

Phone: _____

Delegates: _____

Statistics

Total number of Adult Members: (DO NOT INCLUDE EXEMPT) _____ x \$2.00 ea. = \$ _____

Total number of Minor Members: _____ x \$1.00 ea. = \$ _____

Total number of all members: = _____

(Including Ministers, Deacons and exempt)

Total Amount sent to Union (including Ministers, Deacons) = \$ _____

Amount Donated to Charity: \$ _____ Union Worker's Report: _____

Delegates Report

Church is in fellowship with the Union _____ Yes _____ No

Church has met its financial obligation _____ Yes _____ No

Has membership increased since the last District Union _____ Yes _____ No

The Cape Fear District Union

Name of Church Secretary: _____

Address: _____

Phone: _____ Email: _____

Pastor: _____

New Minister's Profile

Name: _____

Address: _____

Contact Number: _____ Email Address: _____

Church Membership: _____ Since: _____ Mo _____ Yr

Initial Sermon: _____ Mo _____ Yr

Credentials

Please attach a copy of your Credentials for review

Ordained: ___ Y ___ N Date of Ordination: _____

Ordaining Body or Organization: _____

Ordaining Body's Presiding Officer/Pastor: _____

Minister's Signature: _____

Pastor's Signature: _____

The Cape Fear District Union

Below to be completed by the Chairperson of the Cape Fear District Union Investigation Committee.

Credentials have been verified: ___ Yes ___ No Joining Fee \$8.00 Paid: ___ Yes ___ No

The above individual has been interviewed by the investigation committee and has been found to be in Gospel Order.

The Original Cape Fear & Southwestern

It is the recommendation of the Investigation Committee that the above listed individual be accepted in the Cape Fear District Union. ___ Yes ___ No ****If No, please indicate reason below.**

Chairperson of the Investigation Committee

Date accepted in

Cape Fear District Union: _____

Elder John Woods, President