

**THE CHRISTIAN METHODIST EPISCOPAL CHURCH
QUARTERLY CONFERENCE REPORT
BOARD OF CHRISTIAN EDUCATION**

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 Meetings Held: _____
Number of Members Attending: _____
Number of Members Attending District Meeting/Functions: _____
Number of Members Attending the Annual Conference: _____
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: _____
New Member Class: _____
How Many Classes? _____
Total Attending: _____

Special Activities Planned/Completed: _____

What are your goals for this conference year? _____

Do you have a special observance for Black History Month? _____

Do you have a special observance for the Founding of the CME Church? _____

Do you have a special observance for Children's Day? _____

Do you have a special observance for CYF Day? _____

Do you have a special observance for Graduate Recognition Day? _____

Do you conduct Vacation Bible School? _____

How Many Students in VBS? _____ Teacher and Workers? _____

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: _____
Do you have prayer with your board? _____
Members paying tithes in the local church: _____

Submitted,

President _____
Pastor _____
Presiding Elder _____
Presiding Bishop _____