

QUARTERLY REPORT FORM CHURCH CLERK

Membership Management Online - <https://membership.adventist.org.au>

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|-----------------------------|--------------------|
| NAME OF CHURCH: | FOR QUARTER ENDED: |
| CHURCH PASTOR: | |
| CHURCH CLERK: | PHONE: |
| ADDRESS: | POST CODE: |
| DATE REPORT EMAILED/POSTED: | EMAIL: |

Please complete and return to North New Zealand Conference office by the 5th of the month following the end of the Quarter

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|--|--|----------|------|
| 1. MEMBERSHIP last quarter was: <i>Please ensure this figure is the same as last quarter's report of membership</i> | | | |
| 2. Church members added during the quarter: | | | |
| a. by Baptism | | | |
| b. by PROFESSION OF FAITH and previous baptism | | | |
| c. by letter of TRANSFER from another church | | | |
| | Total Added | + | |
| 3. Church members dropped during the quarter: | | | |
| 1. by letter of TRANSFER to another church | | | |
| 2. by DEATH | | | |
| 3. Removed from Membership | | | |
| 4. Missing | | | |
| | Total Removed | - | |
| 4. The present MEMBERSHIP is | | = | |
| 5. How many members on the church roll do not regularly attend your church? | | | |
| 6. Was a quarterly business meeting held | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date |

INSTRUCTIONS TO CHURCH CLERKS

Please visit www.nnzc.org.nz for more detailed instructions

1. Please supply full details of all new members as shown on the column headings.
2. Always identify married women with their husband's given names.
3. Include postcodes in addresses and show telephone numbers where connect (including area codes).
4. When indicating "how members are received or deleted" be sure to use the correct column for each name as follows:
 - a. Where members are received by "Baptism" show the date of baptism and name of minister officiating and leave the other two columns blank.
 - b. Where members are added by "Profession of Faith" place a tick in the "profession of faith" column and leave the other two columns blank.
 - c. Where members are added by "Transfer from Another Church" show the name of the transferring church and leave the other two columns blank.
 - d. Where members are deleted by "Transfer to Another Church" show the name of the receiving church and leave the other three columns blank.
 - e. Where members are deleted by "Death", "Removed from Membership" or "Missing" place a tick in the appropriate column and leave the other three columns blank.

Please post or email before the 5th of the month following the end of the Quarter

POST: North New Zealand Conference, Attn: Membership Records, Private Bag 76900, Manukau City, Auckland 2241
EMAIL: NNZConf@adventist.org.nz

MEMBERS RECEIVED DURING QUARTER

Underline preferred Given Name

| NAMES | | IF MARRIED SUPPLY GIVEN NAMES OF SPOUSE | ADDRESS | | | PHONE No. <i>Include Area Code</i> | DATE RECEIVED | HOW RECEIVED | | |
|---|-------------|--|--------------|---------------|---------------|---------------------------------------|------------------|--------------------------|---------------|----------------------------------|
| FAMILY NAME <i>Mr Mrs Miss Ms</i> | GIVEN NAMES | | No. & STREET | SUBURB & TOWN | POST- CODE | | | BAPTISM | PROF FAITH | TRANSFERRED FROM WHICH CHURCH |
| | | | | | | | DATE | <input type="checkbox"/> | | |
| | | | | | | | BY WHOM | | | |
| | | | | | | | DATE | <input type="checkbox"/> | | |
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