

ASSOCIATION OF UNITY CHURCHES-MEMBERSHIP REPORT

NOTICE: It is critical that all ministries and study groups using our Association Group Tax Exemption Number submit an annual financial report to the Association office for confidential filing. This is an Internal Revenue Service requirement, and increasingly the IRS is checking for compliance with a severity of fines (to churches) for non-compliance.

Please check one:

- Alternative Ministry** (please attach a short statement, 20 words or less, describing function/activities of ministry).
- Member ministry of the Association of Unity Churches**
- Member Ministry of the Expansion Program of the Association**
- Satellite ministry of** _____

Church/Center Name

City

State

MINISTRY _____ **Employer's Fed Tax I.D. No.** _____

ADDRESS (Meeting) _____ **(Mailing)** _____

CITY (and Province if not U.S.) _____ **STATE (U.S. Only)** _____

COUNTRY (If not U.S.) _____ **ZIP/POSTAL CODE** _____

TELEPHONE NO. Area Code _____ Phone _____ **FAX:** _____ **Regional Conference** _____

E-MAIL ADDRESS: _____ **WEBSITE:** _____

FACILITIES (Circle) **Rent Sunday Space** **Rent 24/7** **Own** **SEATING CAPACITY** _____

OFFICE HOURS _____ **DIAL-A-PRAYER #** _____

TV/RADIO PROGRAMS: **Station** _____ **Time of Broadcast** _____

BOOKSTORE (Days & Hours Open) _____ **Age of Ministry** _____ **Mailing List Size:** _____

OUR MINISTRY HAS THE FOLLOWING CLASSES/PROGRAMS AND SERVICES:

Our ministry has _____ **Sunday Services.** The hours are _____ Avg Sun. Adult Attendance _____

Nursery-5th Grade Average Attendance _____ **Uniteens Avg Attendance** _____ **Youth of Unity Avg Attendance** _____

We conduct our Sunday service in the following language(s): _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Lay Volunteer Training Program | <input type="checkbox"/> Holistic Center | <input type="checkbox"/> Toastmasters |
| <input type="checkbox"/> 12-Step Program | <input type="checkbox"/> Vacation School/Children | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> Pre-School | <input type="checkbox"/> Montessori School | <input type="checkbox"/> Prayer Ministry |
| <input type="checkbox"/> Retirement Center | <input type="checkbox"/> Pastoral /Psychological Counseling Ctr. | <input type="checkbox"/> Chaplain Program |
| <input type="checkbox"/> Organized Small Groups Ministry | <input type="checkbox"/> Adult day care | <input type="checkbox"/> Choir/Ensemble |
| | <input type="checkbox"/> Band | <input type="checkbox"/> Education Program |

Please list ministers and licensed teachers under your ministry:

MINISTERS **Title (Senior, Associate, Assistant, Co-minister)**

LICENSED TEACHERS

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

BOARD MEMBER OFFICERS: (Please use separate sheet for additional members)

NAME _____ Title: _____
RESIDENCE ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. (include area code) _____

NAME _____ Title: _____
RESIDENCE ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. (include area code) _____

NAME _____ Title: _____
RESIDENCE ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. (include area code) _____

NAME _____ Title: _____
RESIDENCE ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. (include area code) _____

NAME _____ Title: _____
RESIDENCE ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. (include area code) _____

NAME _____ Title: _____
RESIDENCE ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. (include area code) _____

Check here to allow us to add these names to our Association mailing list.

SATELLITE GROUPS:

NAME _____ Average Attendance _____
ADDRESS (Meeting): _____ (Mailing): _____
CITY _____ STATE _____ ZIP _____
Conducting Sunday Service yes no Leader _____

NAME _____ Average Attendance _____
ADDRESS (Meeting): _____ (Mailing): _____
CITY _____ STATE _____ ZIP _____
Conducting Sunday Service yes no Leader _____