



# Member Ministry Report

Please complete and return this form to the Association of Unity Churches International office.

**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:

- Member ministry of the Association
- Member Ministry of the Expansion Program of the Association
- Satellite ministry of \_\_\_\_\_

Church/Center Name City State

Ministry: \_\_\_\_\_ Employer's Fed Tax ID#: \_\_\_\_\_

Address (meeting) \_\_\_\_\_ (mailing) \_\_\_\_\_

City (and Province if not U.S.) \_\_\_\_\_ State(U.S. only) \_\_\_\_\_

Country (if not U.S.) \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Regional Conference \_\_\_\_\_

E-mail \_\_\_\_\_ 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:

# of Sunday Services \_\_\_\_\_ The hours are \_\_\_\_\_ Avg. Sun. Adult Attendance \_\_\_\_\_

Nursery-5<sup>th</sup> grade Avg. Attendance \_\_\_\_\_ Uniteens Avg. Attendance \_\_\_\_\_ Youth of Unity Avg. Attendance \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> We conduct 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/Psych. 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"/> Education Program               | <input type="checkbox"/> Band             |

Please list ministers and licensed teachers under your ministry:

Ministers	Title (Senior, Associate, Assistant, etc.)	Licensed Teachers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Board Member Officers:** (please use separate sheet for additional members)

Name/Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name/Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name/Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name/Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name/Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name/Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Satellite Groups:**

Name \_\_\_\_\_ Avg. Attendance \_\_\_\_\_

Address (meeting) \_\_\_\_\_ (mailing) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Conducting Sunday Service? (circle) Yes No Leader \_\_\_\_\_

Name \_\_\_\_\_ Avg. Attendance \_\_\_\_\_

Address (meeting) \_\_\_\_\_ (mailing) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Conducting Sunday Service? (circle) Yes No Leader \_\_\_\_\_

**Please return this form to:**



**P.O. Box 610  
Lee's Summit, MO 64063  
Fax: 816.525.4020**