

MONTHLY MEETING SURVEY, 2012

(to be completed by Presiding Clerk or Recording Clerk)

Name of Meeting: _____

Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____ Website: _____

Time of Meeting for Worship: _____

Time of Monthly Meeting for Business: _____

Time of Youth Meetings: _____

RECORDED MINISTERS Please list the names of the recorded ministers who are members of your monthly meeting.

NAME OF RECORDED MINISTERS	Address	City/State/Zip

CONTACT INFORMATION---E-mail will be used whenever possible if it is listed

Name of Pastor: _____
 Spouse: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-mail: _____

Name of Clerk: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-mail: _____

CM&E Clerk: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-mail: _____

Treasurer: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-mail: _____

Webminder: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-mail: _____

Recording Clerk: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-mail: _____

Administrative Council Representative*:
Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-mail: _____

Quaker Haven Contact Person:
Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-mail: _____

Administrative Council Representative*:
Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-mail: _____

Youth Leader:
Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-mail: _____

*Administrative Council Representative is approved for each 200 members; representatives may serve 2 consecutive 3 yr. terms.

Report Completed by: _____ Date: _____

Return by 3/31/2012 to:

Western Yearly Meeting, Box 70, Plainfield, IN 46168