

# NATIONAL AUXILIARY REPORT

FOR THE \_\_\_\_ LEADERS AND WORKERS CONFERENCE \_\_\_\_\_ HOLY CONVOCATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

- WOMEN DEPARTMENT  MEN DEPARTMENT  YOUTH AND YOUNG ADULT DEPARTMENT  MISSIONS DEPARTMENT  
 MUSIC AND ARTS DEPARTMENT  CULINARY ARTS DEPARTMENT  EVANGELISM DEPARTMENT  ADJUTANT CORP

## AUXILIARY DIRECTOR INFORMATION

DIRECTOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

LOCAL CHURCH NAME \_\_\_\_\_ BISHOP/PASTOR \_\_\_\_\_

## AUXILIARY INFORMATION

OBJECTIVES FOR THE NEXT FISCAL YEAR \_\_\_\_\_

FUTURE EVENTS APPROVED BY EXECUTIVE BOARD \_\_\_\_\_

HOW WAS THE ASSESSMENT RAISED \_\_\_\_\_

NUMBER OF MEETINGS HELD \_\_\_\_\_

## FINANCES

REPRESENTATION TO THE GENERAL ANNUAL CONVOCATION \$ \_\_\_\_\_

SECRETARY/TREASURER SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

### AUDIT

OFFICIAL USE ONLY

CK/MO Num..... Cash.....

Received by.....

Date...../...../..... Report No.....

FC..... Date...../...../.....