



## QUARTERLY CONFERENCE REPORT Women's Missionary Society

Church: \_\_\_\_\_

Quarter beginning: \_\_\_\_\_ and ending: \_\_\_\_\_

### **Membership Accountability**

Number of Missionary members \_\_\_\_\_

Number of Missionaries taking the Christian Index \_\_\_\_\_

Number of Missionaries taking the Missionary Messenger \_\_\_\_\_

Number of Missionaries owning a copy of the latest C.M.E. Discipline \_\_\_\_\_

Does your Missionary Society have a special day? Yes  No  if so, when? \_\_\_\_\_

\_\_\_\_\_

What are your plans for that day? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has a member of your Missionary Society been designated to work with your local Department of Christian Education? Yes  No

Does your Missionary Society have a training programs or workshop for its members? Yes  No

What are your goals of your Missionary Society for this conference year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What activities or programs have been planned or completed to assist in the fulfillment of your goals?

\_\_\_\_\_

\_\_\_\_\_

Does your Missionary Society have program(s) to secure and administer funds for the support of missionary work? Yes  No

\_\_\_\_\_  
President

\_\_\_\_\_  
Pastor

**Please duplicate and prepare one copy for Elder, Pastor and Secretary**