

Local United Methodist Women Membership Census Form

Please Print

Local Organization Name: _____ Unit President _____
District Name: _____ Address: _____
Conference Name: _____ City: _____
Reported by: _____ State/Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____ Email _____

Unit Type: Local, Cluster/ Charge, District or Online _____

Church Name _____

Church Address _____

Number of Members December 31, 2018

_____ (from last year's report)

New Members Added +

Numbers Lost by Death -

Or other reasons -

Names of Member Removed by Death (Print)

Send copy by November 15 to your district membership coordinator.

Give a copy of this report to your church pastor for the church's year end report.