



Church Report Form

MINNESOTA WISCONSIN DAKOTAS DISTRICT COUNCIL

Church Information (please print or type)

| | | | |
|---------------------|--|---------|--|
| Church Name | | | |
| Address | | | |
| City/State/Zip Code | | | |
| Telephone | | Fax | |
| Email | | Website | |

| | | | |
|---------------------|--|--|--|
| Pastor's Name | | | |
| Title | | | |
| Mailing Address | | | |
| City/State/Zip Code | | | |

*** CIRCLE COUNCIL SESSION FOR THIS REPORT:** June 20____ October 20____

General Body Church Report

PAW/MWDDC Assessments

General Body \$12.50 per member per session: \$_____

Pastor Assessment \$22.50 per session: \$_____

Ministers' Assessment \$15 per session: \$_____

MWDDC Fellowship Certificates \$6 per session: \$_____

(Must add minister information on reverse side)

PAW Credentials & License: \$_____

(Must add minister information on reverse side)

TOTAL ASSESSMENTS \$_____

Pastor's Individual Registration

(Individual) Local Registration \$25 per session \$_____

Brotherhood Auxiliary

National Dues \$15 per session: \$_____

Christian Education Department

National Dues (ICEA):

If you have 1-49 pupils, pay \$12.50 per session or \$25.00 per year \$_____

If you have 50-99 pupils, pay \$22.50 per session or \$45.00 per year \$_____

If you have 100-250 pupils, pay \$27.50 per session or \$55.00 per year \$_____

If you have 251-500 pupils, pay \$37.50 per session or \$75.00 per year \$_____

If you have 501+ pupils, pay \$55.00 per session or \$110.00 per year \$_____

Sunday School Regional III Dues:

\$12.50 per session \$_____

Total paid this session for Christian Education: \$_____

Ministers' & Pastors' Wives

National Dues \$12.50 per session: \$ _____

Missionary & Christian Workers' Auxiliary

National Dues \$6 per year: \$ _____
 PAW Assessment \$10 per year (per church): \$ _____

Pentecostal Young People's Union

National Dues \$13.50 per session: \$ _____
 Website maintenance \$10 per session: \$ _____

Total paid this session for PYPU: \$ _____

LICENSE & CREDENTIALS

| | | |
|--|---|----------|
| MWDDC Fellowship Certificate Fee: | | \$ 6.00 |
| PAW Fees: | Bishops | \$500.00 |
| | Bishops Emeritus | \$250.00 |
| | Suffragan Bishops | \$150.00 |
| | Lay Directors | \$250.00 |
| | District Elders | \$125.00 |
| | Pastors | \$100.00 |
| | Ordained ministers (non-Pastors) | \$ 75.00 |
| | Non-ordained ministers (non-Pastors) | \$ 50.00 |
| | Ordained person over 65 (non-Pastors) | \$ 21.00 |
| | Non-ordained person over 65 (non-Pastors) | \$ 19.75 |

NOTE: ALL MINISTERS SEEKING MWDDC FELLOWSHIP CERTIFICATES SHOULD BE LISTED ON THIS FORM.

NOTE: FOR MINISTERS WHO ARE NEW TO THE PAW AND ARE SEEKING PAW LICENSING DO NOT LIST THEM HERE. THEY MUST OBTAIN A PAW APPLICATION FOR MINISTERIAL LICENSE AND FOLLOW THAT PROCESS INSTEAD. ONCE LICENSING IS OBTAINED, YOU WILL LIST THEM HERE.

MINISTER INFORMATION

| | |
|--|--|
| Name | |
| Title | |
| Mailing Address | |
| City/State/Zip Code | |
| Home Telephone | |
| FEES PAID: MWDDC Fellowship Certificate \$ _____ PAW Fee \$ _____ | |

| | |
|--|--|
| Name | |
| Title | |
| Mailing Address | |
| City/State/Zip Code | |
| Home Telephone | |
| FEES PAID: MWDDC Fellowship Certificate \$ _____ PAW Fee \$ _____ | |

Minister Information *(cont'd)*

| | |
|--|--|
| Name | |
| Title | |
| Mailing Address | |
| City/State/Zip Code | |
| Home Telephone | |
| FEES PAID: MWDDC Fellowship Certificate \$ _____ PAW Fee \$ _____ | |

| | |
|--|--|
| Name | |
| Title | |
| Mailing Address | |
| City/State/Zip Code | |
| Home Telephone | |
| FEES PAID: MWDDC Fellowship Certificate \$ _____ PAW Fee \$ _____ | |

| | |
|--|--|
| Name | |
| Title | |
| Mailing Address | |
| City/State/Zip Code | |
| Home Telephone | |
| FEES PAID: MWDDC Fellowship Certificate \$ _____ PAW Fee \$ _____ | |

| | |
|--|--|
| Name | |
| Title | |
| Mailing Address | |
| City/State/Zip Code | |
| Home Telephone | |
| FEES PAID: MWDDC Fellowship Certificate \$ _____ PAW Fee \$ _____ | |

| | |
|--|--|
| Name | |
| Title | |
| Mailing Address | |
| City/State/Zip Code | |
| Home Telephone | |
| FEES PAID: MWDDC Fellowship Certificate \$ _____ PAW Fee \$ _____ | |

| | |
|--|--|
| Name | |
| Title | |
| Mailing Address | |
| City/State/Zip Code | |
| Home Telephone | |
| FEES PAID: MWDDC Fellowship Certificate \$ _____ PAW Fee \$ _____ | |