

# 2024 Association Survey

Church Name: \_\_\_\_\_ Association: Beaverdam  
Service Times: Sunday \_\_\_\_\_ Wednesday \_\_\_\_\_ Other \_\_\_\_\_

**Representative(s) on Association Executive Board** List the contact information of the person(s) who will represent your congregation on the Association's Executive Board.

**The representatives are the pastor and two members.**

Name

Address

---

---

---

## **Events of interest during association year**

---

---

---

## **Members deceased during the year** (*Indicate Mr., Mrs., Miss, Deacon, Ordained Minister, etc.*)

Names:

---

---

---

---

## **Vacation Bible School Report:**

Average Daily Attendance \_\_\_\_\_ Professions of Faith \_\_\_\_\_

## **Other Mission Project Participation:**

Prisoner packets \_\_\_\_\_

Samaritan's Purse Christmas Shoe boxes \_\_\_\_\_

Other(s) \_\_\_\_\_

## **Does your church offer any of these ministries?**

Weekday Child Care/Day Care	___ Yes ___ No	Divorce Recovery	___ Yes ___ No
Pre-School/Kindergarten	___ Yes ___ No	Deaf Ministry	___ Yes ___ No
After School Program	___ Yes ___ No	Singles Ministry	___ Yes ___ No
Good News Club	___ Yes ___ No	Celebrate Recovery	___ Yes ___ No
Disaster Relief	___ Yes ___ No	Other(s)	_____