

Local United Methodist Women Membership Census Form

Church Name: _____ Unit Name: _____

Church Address: _____ City/State/Zip: _____

Unit President: _____ District: _____

President's email: _____ Conference: _____

President's phone: _____ Jurisdiction: _____

Unit Type:

- Local
- Cluster/Charge
- College/University
- District Members/Members at Large
- District Unit
- Ecumenical Share Ministries
- Teen
- Work Site
- Retirement
- Prison

Total number of members as of December 31, 2019: _____ Number of members added in 2019: _____

Number of members lost by death or other reason: _____ Number of Members as of January 1 2020: _____

Reported by: _____ Position of person reporting: _____

Phone: _____ Email: _____

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.