

Name of Church			
Zone		Assembly Year	
<b>LOCAL NMI PRESIDENT’S REPORT</b> (Combined Report for all Chapters or Mission Cell Groups)			
Number	Please <b>ask the pastor</b> to give you the totals for 1 a and 1 b.		<b>REPORT</b>
1a	Church membership		
1 b	Average Sunday morning worship attendance		
<b>NMI MEMBERSHIP</b>			
	Please <b>give the pastor</b> the totals for 2a and 2b.		
2a	NMI Members (church members—include Adult, Youth, Children)		
2b	NMI Associate (non-church members—include Adult, Youth, Children)		
2c	Total NMI Membership (Members and Associate)		
2d	Total NMI Membership (Members and Associate) reported last year		
2e	Net gain (+) or loss (-) in NMI membership		
<b>MISSION PRIORITY ONE</b>		<b>GOALS</b>	
3	<b>PRAYER</b> (Prayed for missionaries and mission needs)	YES	
4a	<b>MISSION EDUCATION</b> (Reached Mission Education goal)	YES	
4b	Total number of Mission Education credits (from Form XL-4W)		
5	<b>YOUTH/CHILDREN</b> (Provided opportunity for youth and children to experience missions)	YES	
6	<b>WORLD EVANGELISM FUND</b> (paid in full)	YES	
7	<b>Are you a “Mission Priority One” church?</b>	YES	
<b>AWARD OF EXCELLENCE</b>			
8	<b>Overpaid World Evangelism Fund</b> (No. 6 above) by 3% or \$1 ,000, whichever is less	YES	
<b>MISSION PARTICIPATION</b>			
9	Paid district NMI budget in full (if applicable)	YES	
10a	<b>LINKS</b> assignment (paid in full)	YES	
10b	Number of packages to missionaries and mission fields		
11	<b>Missionary Christmas Fund</b> (paid in full)	YES	
12	<b>Alabaster</b> offerings	YES	
13	<b>World Mission Broadcast</b> offering	YES	
14a	<b>Nazarene Compassionate Ministries</b> offering	YES	
14b	Number of individual Crisis Care Kits		

