

LOCAL NMI PRESIDENT'S REPORT

(Combined Report for all Chapters or Mission Cell Groups)

Name of Church _____			
Zone/Area _____		Church Year _____	
	NMI MEMBERSHIP		REPORT
	Please give the pastor the totals for 1a and 1b.		
1a	NMI Members (church members—include adult, youth, children)		
1b	NMI Associates (non-church members—include adult, youth, children)		
1c	Total NMI Membership (members and associates)		
1d	Total NMI Membership (members and associates) reported last year		
1e	Net gain (+) or loss (-) in NMI Membership		
	MISSION PRIORITY ONE	GOALS	
2	PRAYER: Prayed for missions	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	GLOBAL AWARENESS: Participated in all 4 categories below.	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(a) Used multimedia missions resources and/or missions publications. See detailed list on Instruction sheet (XL-6). Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(b) Promoted NMI missions books/tapes/CDs Yes <input type="checkbox"/> No <input type="checkbox"/> Number books read _____		
	(c) Participated in missions service projects and/or hands-on missions activities Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(d) Attended service(s) with missions speaker(s) Yes <input type="checkbox"/> No <input type="checkbox"/>		
4	CHILDREN/YOUTH: Involved children/youth in missions	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	WORLD EVANGELISM FUND (WEF): Paid in full	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Are you a Mission Priority One church? (lines 2-5 all Yes)	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
	AWARD OF EXCELLENCE		
7	Overpaid World Evangelism Fund (No. 5 above) by 3% or \$1,000, whichever is less	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
	MISSION PARTICIPATION		
8	Paid district NMI budget in full	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
9a	LINKS assignment (paid in full)	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
9b	Number of packages to missionaries and mission fields		
10	Missionary Christmas Fund (paid in full)	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Alabaster offerings	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	World Mission Broadcast offering	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
13a	Nazarene Compassionate Ministries Fund offering	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
13b	Number of individual Crisis Care Kits		
13c	Number of individual School Pal-Paks		

LOCAL NMI PRESIDENT'S REPORT

	MISSION PARTICIPATION (Continued from page 1)	GOALS	REPORT
14	Missionary Health Care (a,b,c, and/or d below)	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
14a	Number of Memorial Roll certificates (Print names below.)		
	1	5	9
	2	6	10
	3	7	11
	4	8	12
14b	Number of Distinguished Service Awards (Print names below.)		
	1	3	5
	2	4	6
14c	Missionary Health Care offering		Yes <input type="checkbox"/> No <input type="checkbox"/>
14d	Encouraged use of "Gifts from the Heart"		Yes <input type="checkbox"/> No <input type="checkbox"/>
NMI PRESIDENT FOR NEW CHURCH YEAR (even if no change)			
Name	_____		Tel. _____
Address	_____		Fax _____
City	_____	State _____	Zip _____
E-Mail	_____		

SIGNED _____

Local NMI President (or person completing report)

Phone _____

Date _____