Western Yearly Meeting

**MONTHLY MEETING SURVEY, 2023**

(to be completed by Presiding Clerk or Recording Clerk)

**Section 1** - **Corrections to this area should be made on page 3**

|  |  |
| --- | --- |
| Name of Meeting |  |
| Mailing Address |  |
| Location Address |  |
| Phone |  | Fax |  |
| Email Address |  | Website |  |
| Time of Meeting for Worship |
| Time of Monthly Meeting for Business |
| Time of Youth Meetings |
| Meeting Office Secretary Name |
| **Please indicate what month appointments for your Meeting begin:**  |

**Section 2**

**RECORDED MINISTERS**: Please list the names of the recorded ministers who are members of your monthly meeting.

|  |  |  |
| --- | --- | --- |
| Name of Recorded Minister | Address | City, State Zip |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 3 -**

**Contact Information – Please note E-mail will be used whenever possible if it is listed. Please note if mail is preferred.**

|  |  |  |
| --- | --- | --- |
|  | **Information on Record** | **New Information – Please Type or Print Clearly** |
| **Pastor Name** |  |  |
| Spouse |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone  |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **Youth Leader** |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone  |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **Presiding Clerk** |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
|  | Information on Record | **New Information – Please Type or Print Clearly** |
| Recording Clerk |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **Treasurer** |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **WYM Nominating Committee Member** |  |  |
| Address |  |  |
| City, State, Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **CM&E Clerk** |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **Administrative Council Representative\*** |  |
| Name |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **Administrative Council Representative (Alternate)** |  |
| Name |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **Quaker Haven Contact Person** |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |

\*An Administrative Council Representative is approved for each 200 members. Meetings with more than 200 members should add the 2nd Administrative Council Representative in Section 4

**Corrections to Section 1:**

|  |  |
| --- | --- |
| Mailing Address |  |
| Location Address |  |
| Phone |  | Fax |  |

**Additional Positions/Staff**

**Section 4 - To be used by those meetings that have more positions than listed in Section 3**

|  |  |  |
| --- | --- | --- |
| **Appointed Position/staff** |  |  |
| Name |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **Appointed Position/staff** |  |  |
| Name |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **Appointed Position/staff** |  |  |
| Name |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
| **Appointed Position/staff** |  |  |
| Name |  |  |
| Address |  |  |
| City, State Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |

The monthly meeting survey is used to update the minute book and help us communicate with the various persons in your meeting who have been appointed to their positions. As changes occur to the information you have submitted, please keep the WYM office updated. We would appreciate you providing us the most complete information available. Please do not assume we have the information. Please print clearly if you send return a physical copy to us or fill in the information and email the survey back to us. Thank you so much for your assistance.

Report Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return by March 31, 2023 to**

**Western Yearly Meeting, Box 70, Plainfield, IN 46168 or** **office@westernyearlymeeting.org**

**Online form is available at**

[**www.westernyearlymeeting.org**](http://www.westernyearlymeeting.org) **(Friends > Resources > Monthly Meeting Survey)**