

LOCAL NMI PRESIDENT'S REPORT

Name of Church _____			
Zone/Area _____		Church Year _____	
	NMI MEMBERS		REPORT
	Please give the pastor the totals for 1 and 2.		
1	NMI members (church members—include children, youth, and adult)		
2	NMI associates (non-church members—include children, youth, and adult)		
	MISSION PRIORITY ONE	GOALS	
3	PRAYING: prayed for mission	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	DISCIPLING: mentored children and youth in mission	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	GIVING: 5.5% of current income sent for World Evangelism Fund	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	EDUCATING: participated in all four categories below:	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(a) Used multimedia mission resources and/or mission publications (b) Promoted NMI mission books/tapes/CDs. Number of books read _____ (c) Participated in mission service projects or activities (d) Attended a service with a missionary speaker or mission emphasis		
7	Are you a Mission Priority One church? (all lines 3-6 Yes)	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
	WORLD EVANGELISM CHURCH OF EXCELLENCE		
8	Sent at least 5.7% of current income for World Evangelism Fund or \$1,500 more than 5.5% (whichever is less)	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
	ADDITIONAL MISSION PARTICIPATION		
9	Alabaster offering sent	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	World Mission Broadcast offering sent	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Missionary Care participation (LINKS, Missionary Health Care offering, Missionary Christmas Fund, Memorial Roll, Distinguished Service Award, and Gifts from the Heart)	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
We appreciate your local church participation in all other areas of mission i.e. JESUS Film Harvest Partners, Nazarene Compassionate Ministries (including Crisis Care Kits and School Pal-Paks), Global Nazarene Publications, and other mission ministries. Please list on a separate page the names of people added to the Memorial Roll this year and describe simply any extraordinary way your local congregation supports the Great Commission and Nazarene missions.			
NMI PRESIDENT FOR NEW CHURCH YEAR (even if no change)			
Name	_____	Home phone	_____
Address	_____	Cell phone	_____
City	_____ St/Pr _____	Zip Code	_____
E-Mail	_____	Fax	_____

SIGNED _____ Date _____
 Local NMI President (or person completing report) Phone _____