

# National Women's Department Quarterly Report Form

1st Quarter \_\_\_\_\_ 2nd Quarter \_\_\_\_\_ 3rd Quarter \_\_\_\_\_ 4th Quarter \_\_\_\_\_

Local Assembly: \_\_\_\_\_

President: \_\_\_\_\_

Vice-President: \_\_\_\_\_

Pastor: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## Department Meeting Information

<u>Date of Meeting</u>	<u>Number of Attendees</u>	<u>Topics Discussed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Membership Information

Please list the number of sisters you have in each category:

Married Women: \_\_\_\_\_ Single Women: \_\_\_\_\_

Senior Women: \_\_\_\_\_ Separated Women: \_\_\_\_\_

Girls Club: \_\_\_\_\_

## Special Projects

Please list any special projects you have undertaken during this quarter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## National Assistance Needed

Are there areas where you need assistance from the National Women's Department? \_\_\_yes \_\_\_no

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_