

## LOCAL NMI PRESIDENT'S REPORT

Name of Church _____			
Zone/Area _____		Phone _____ Church Year _____	
	<b>NMI MEMBERS</b>		<b>REPORT</b>
	Please <b>give the pastor</b> 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)		
	<b>MISSION PRIORITY ONE</b>	<b>GOALS</b>	
3	<b>PRAYING:</b> prayed for mission	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	<b>DISCIPLING:</b> involved/encouraged children, youth, adults in missions	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	<b>GIVING:</b> 5.5% or more of current income sent for World Evangelism Fund	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	<b>EDUCATING:</b> participated in all four of the 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//CD's/E-books. 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 <b>Mission Priority One</b> church? (all lines 3-6 Yes)	Yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>WORLD EVANGELISM CHURCH OF EXCELLENCE</b>		
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"/>
	<b>APPROVED MISSION SPECIALS</b> (Not a comprehensive list)		
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/or 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), and other mission ministries.			
<b>Share Your Story</b>			
Please list on a separate page the names of people added to the Memorial Roll this year. Also, please describe simply any extraordinary way your local congregation supports the Great Commission, Nazarene missions, and local mission ministries.			
<b>NMI PRESIDENT FOR NEW CHURCH YEAR</b> (even if no change)			
Name	_____	Home phone	_____
Address	_____	Cell phone	_____
City	_____	State/Province	_____
E-Mail	_____	Zip Code	_____
(If you do not have an e-mail address, then please provide us with an alternative means of communication, such as the e-mail address of someone who will receive e-mails for you.)			

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

