



# African United Baptist Association of Nova Scotia

Established 1854

## **QUESTIONNAIRE 2019**

Name of Church: \_\_\_\_\_ District # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number \_\_\_\_\_

Clerk's Email: \_\_\_\_\_

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Resident Members \_\_\_\_\_; Non-Resident Members \_\_\_\_\_; New Members \_\_\_\_\_

Total Number Resident/Non-Resident/ New \_\_\_\_\_ No. Deceased Members \_\_\_\_\_

**Names of Deceased Members:** *(Use Separate Sheet If Required)*

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

**Societies/Organizations** *(Check all that apply):*

Missionary Society: \_\_\_\_\_ Ladies Auxiliary: \_\_\_\_\_ Brotherhood/Laymen: \_\_\_\_\_

BYF: \_\_\_\_\_ Sunday School: \_\_\_\_\_ Number of Sunday School Students: \_\_\_\_\_

Name of Sunday School Superintendent: \_\_\_\_\_

**Upcoming Special Events and/or Service Dates:**

Church Anniversary: \_\_\_\_\_

Ladies Day Service: \_\_\_\_\_

Men's Day Service: \_\_\_\_\_

Youth Day Service: \_\_\_\_\_

**Other:** District Meetings, etc. \_\_\_\_\_

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

**Names of Delegates:**

Church: \_\_\_\_\_

Ladies Auxiliary: \_\_\_\_\_

WMS: \_\_\_\_\_

Brotherhood/Laymen: \_\_\_\_\_

Sunday School: \_\_\_\_\_

BYF: \_\_\_\_\_

**Amount of Allotment Paid**

Church Allotment: \_\_\_\_\_

Gift Money \_\_\_\_\_

Letter Money: \_\_\_\_\_

Scholarship Fund \_\_\_\_\_

Ladies Auxiliary: \_\_\_\_\_

Laymen \_\_\_\_\_

Ministerial Fund: \_\_\_\_\_

W.M.S \_\_\_\_\_

BYF: \_\_\_\_\_

Hospital Visitor \_\_\_\_\_

Rev Richard Preston Memorial Fund: \_\_\_\_\_

**Please Provide Name, Phone #, Mailing Address & Email Address:**

**Pastor:** \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email \_\_\_\_\_

**Associate Pastor (s):** \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email \_\_\_\_\_

**Church Clerk:** \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email \_\_\_\_\_

**Signatures:**

**Clerk:** \_\_\_\_\_

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

This form should preferably be sent via email to the **AUBA Office Assistant**, please ensure the questionnaire is typed and not hand-written.

**Please Return to AUBA Office Assistant by July 10, 2019**

Mail to:       **AUBA**  
10 Cherry Brook Road, Cherry Brook  
Nova Scotia B2Z 1A8

Email:       [info@aubans.ca](mailto:info@aubans.ca)