



# African United Baptist Association of Nova Scotia

Established 1854

## QUESTIONNAIRE

**YEAR:** \_\_\_\_\_

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

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

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

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

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

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

Please ensure the questionnaire is **typed** and **not** hand-written.

**Please return to AUBA Office by June 30th (preferably by email) – Thank you!**

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