

ANNUAL REPORT OF EVANGELIST

Manual 407 – 7.7, 422, 427.9, 433.9

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
District _____
Local Church Membership _____

INDICATE:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Ordained | <input type="checkbox"/> Comm. Evangelist Tenured | <input type="checkbox"/> Evangelism Service Retired |
| <input type="checkbox"/> Licensed | <input type="checkbox"/> Comm. Evangelist | <input type="checkbox"/> Comm. Song Evangelist |
| <input type="checkbox"/> Layperson | <input type="checkbox"/> Reg. Evangelist | <input type="checkbox"/> Reg. Song Evangelist |

Number of continuing education credits earned this year _____

Number of revivals held _____ on _____ districts.

In what ways have you supported the Church of the Nazarene? _____

Personal Testimony _____

Signed _____ Date _____

Mail to District Secretary at least 30 days before your District Assembly.