

**ALABAMA WEST FLORIDA CONFERENCE UMW  
CONFERENCE COMMITTEE REPORT**

**COMMITTEE:** \_\_\_\_\_  
**CHAIR OF** \_\_\_\_\_  
**COMMITTEE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**Committee** \_\_\_\_\_  
**Members** \_\_\_\_\_  
**Present:** \_\_\_\_\_  
**Absent:** \_\_\_\_\_

1	
2	
3	

**Submitted by:** \_\_\_\_\_

**Action Taken by Executive Cmt:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Passed by Conf Ex** \_\_\_\_\_  
 \_\_\_\_\_

**Copies:** 3 *Committee Chair, President, Secretary - hard copies or email*

## ALABAMA WEST FLORIDA CONFERENCE UMW EVENT CHECK LIST

<b>EVENT</b>			
Date of Event			
Committee Chair			
Location of Event			
Secured Location			
Cost of Location			
includes cleaning, setting up, electronics, everything			
Theme of Event		<b>Chairs Needed</b>	<b>Tables Needed</b>
Responsibility:			
Program Agenda			
Program Printed			
Deadline for content			
Estimate Cost of Programs Printed			
Send Content to			
Special			
Presentations			
Registration			
Registration Form			
Registration Check-in			
Nametags			
Registration People			
Set up			
Display Tables			
Resource Table			
Communion			
Stage Decorations			
Cafeteria			
Decorations			
Table Graces			
Hospitality Gifts			
Speaker(s)			
Contact/Pickup			
Speakers			
Entertainment/Music			
Skits			
Flags & Banners			
Refreshments			
Meals / Where			
Clean Up			
Submitted by			
Date			

**EXPENSE VOUCHER**

**ALABAMA-WEST FLORIDA CONFERENCE UNITED METHODIST WOMAN**

Type of Meeting/Expense Budget Line Item: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Office Requesting: \_\_\_\_\_

Request by \_\_\_\_\_

NAME on Check: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone # \_\_\_\_\_

*Make sure you put total miles both coming & going*

Miles	TO - FROM	Rate *	TOTAL
		\$ 0.25	\$ -
		\$ 0.30	\$ -

Single  
(more than one qualifying)

Qualifying rider \_\_\_\_\_

(Name of Officer & state District / Conference Office held)

**EXPENSES:** (Please itemize and attach receipts)

Description of Expense	Rate Per	Amount
<b>TOTAL:</b>	<b>\$</b>	<b>-</b>

**APPROVED:**

CONFERENCE President \_\_\_\_\_  
must be signed by at least one / can be email attachment

OR CONFERENCE Secretary \_\_\_\_\_

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

CONFERENCE Treasurer \_\_\_\_\_

*All rates are set annually by the AWF-UMW Executive Committee. 24-hour rates for officer reimbursement is \$65 for 2021 with travel separate. Checks will be issued within 10 days of receipt of voucher with all receipts attached. Will not be paid if not properly filled out or receipts not attached. The check must be cashing within two weeks of receipt by bearer.*

POLICIES	PAGE	DESCRIPTION	2017	2018	2019	2020	2021	2022
POLICY: II FINANCIAL POLICIES I. Sympathies Sent.. D	18	<b>Memorials:</b> Parent, child, husband	25	25	25	25	25	25
II FINANCIAL POLICIES I. Sympathies Sent.. E	18	<b>Memorials:</b> Conference Executive Cmt or past Conference President	50	50	50	50	50	50
II FINANCIAL POLICIES I. Sympathies Sent.. F	18	<b>Illness'</b> of Conference Executive Committee	\$5 Mission Card	\$5 Mission Card	\$5 Mission Card	\$5 Mission Card	\$5 Mission Card	\$5 Mission Card
II FINANCIAL POLICIES A. Honoraria	19	<b>Honorariums</b> for Conference Events: per 24 hr, plus travel, lodging & food						
		Speaker		100	100	125	125	125
		Pianist (musician)		50	50	40	40	40
		Song Leader		50	50	40	40	40
		Nurse on Duty (not supplies)				15	15	15
		Focus Group Leader (not supplies)		30	30	25	25	25
II FINANCIAL POLICIES C. Travel Expenses 1. Mileage rate	19	<b>Mileage</b> for Conference & District Officers to Conference events						
		Single	0.30	0.20	0.25	0.25	0.25	0.25
		> than 1 officer	0.35	0.25	0.30	0.30	0.30	0.30
II FINANCIAL POLICIES D. Registration Fees #1	19	<b>Registration Fee</b> for Conference Events (except Mission u)	15	15	15	20	18	18
#10		<b>NSF</b> - Return Checks on Registration	0	0	30	30	30	30
II FINANCIAL POLICIES G. Dependent Care/Child Care	21	<b>Dependent care</b>	0	0	0	50	50	50
II FINANCIAL POLICIES K. Scholarships and Subsidies #5	23	<b>Conference &amp; District Officer Scholarship</b> for Conference Events (per day), including Mission u	no limit	55	55	55	65	65
L. Contributions to Other Agencies	24	Annual Contributions for <b>Outside Agencies</b> for Social Action						
		Church Women United	50	50	50	25	25	25
		Alabama Church Women 75%	75	25	25	50	50	56.25
		Florida Church Women 25%	25	25	25	25	25	18.75
		Alabama Arise	300	50	100	100	100	100
		Florida Impact	100	50	50	50	50	50
M. Guests at Meetings	24	<b>RETIRED Deaconesses &amp; Missionaries</b> - at Conference Events	0	0	55	55	65	65
P. Love Offering	26	<b>Love Offering</b> Total	8.75	10.00	10.00	10.00	10.00	10.00
		Dumas Wesley	1.50	2.25	2.25	2.25	2.25	2.25
		Mission u	2.00	2.00	2.00	2.00	2.00	2.00
		A&MD	0.75	5.00	5.00	5.00	5.00	5.00
		Assembly Offering	0.25	0.75	0.75	0.75	0.75	0.75
IV PUBLICATIONS A.1.h.	27	Alert Subscription	4.00	4.00	8.00	8.00	8.00	8.00
NEW		Web Registration Fee	0.00	0.00	2.50	2.50	2.50	2.50

# ALABAMA-WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN HEALTH FORM

For the Calendar Year 2022

## Authorization for Emergency Medical Treatment Form

Name		DOB	
Home Phone	Work #	Cell #	
Physician's Name	Phone #		
Health Insurance Company	Policy #	Group #	

Masks are requested to be worn at all times, except eating. If you are feeling ill prior to your arrival, especially if you have fever, please do not attend the event. A registered nurse (RN) will be on site in case of emergencies.

Allergies to medications:

Other Allergies (food, animals)

Conditions that treating personnel might need to be aware of:

In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UMW event, I authorize ALWF UMW to call/contact:

Name	Relation	Phone #	Alt. Phone #
Name	Relation	Phone #	Alt. Phone #

### PLEASE CHECK ONE OF THE BELOW PLANS

<input type="checkbox"/>	<p><b>Consent Plan</b></p> <p><b>In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UMW event. I authorize ALWF UMW to:</b></p> <ol style="list-style-type: none"> <li>1. Secure and retain medical treatment and transportation if needed.</li> <li>2. Release my health information to the authorized individual or agency involved in the medical emergency treatment.</li> <li>3. I hold harmless the AL-WFL Conference United Methodist Women, the ALWF Conference, The United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.</li> </ol>
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<input type="checkbox"/>	<p><b>Non-Consent Plan</b></p> <p><b>I DO NOT give my consent for emergency medical treatment/aid in the cases of illness or injury. In the event emergency treatment/aid is required, I wish the following procedures to take place:</b></p> <p>I hold harmless the AL-WFL Conference United Methodist Women, the ALWF Conference, The United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.</p>
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\_\_\_\_\_

Your Consent Signature

\_\_\_\_\_

Date

UNITED METHODIST WOMEN - ALA WEST FLORIDA CONFERENCE

## CONFERENCE OFFICER REPORT

Return by November 30th to all Conference and District Mission Team Members

*Officers are elected and inducted into office at the Fall Spiritual Enrichment event.*

<b>YEAR</b>			
	<b>PRESIDENT</b>	<b>TREASURER</b>	<b>SECRETARY</b>
Name			
Address			
City, St Zip			
Phone			
E-mail			
	<b>VICE PRESIDENT</b>	<b>COMMUNICATIONS</b>	<b>EDUCATION &amp; INTERP</b>
Name			
Address			
City, St Zip			
Phone			
E-mail			
	<b>MEMBERSHIP N&amp;O</b>	<b>SOCIAL ACTION</b>	<b>SPIRITUAL GROWTH</b>
Name			
Address			
City, St Zip			
Phone			
E-mail			
	<b>NOMINATIONS Chair</b>	<b>WebMaster*</b>	<b>AWFC Board of Global Ministries rep*</b>
Name			
Address			
City, St Zip			
Phone			
E-mail			
	<b>Registrar*</b>	<b>Parliamentarian*</b>	<b>Racial Justice rep*</b>
Name			
Address			
City, St Zip			
Phone			
E-mail			
	<b>COT*</b>	<b>Dumas Wesley*</b>	<b>AWFC Board of Laity UMW</b>
Name			
Address			
City, St Zip			
Phone			
E-mail			
	<b>DATE OF REPORT</b>	<b>NOTE: to take office January 1</b>	

## UNITED METHODIST WOMEN ALABAMA WEST FLORIDA CONFERENCE

Year Submitted

The District Nominations Committee has met and below is the official recommendations for district officers to be presented this year at our Fall voting and if elected, will take office January 1st of next year.

Office	Nominee	Local Unit	Address	Phone #	Email	Term begins	Term Ends	Odd/Even when elected	New or Renewal
President								Even	
Vice President								Odd	
Secretary								Even	
Treasurer								Odd	
Education & Interpretation								Even	
Spiritual Growth								Even	
Communications Coordinator								Even	
Social Action								Odd	
Membership Nurture & Outreach								Odd	
Nominations Chair								Odd	
Nominations Cmt								Even	
Nominations Cmt								Odd	

Committee Members	Date Submitted
Chair	
Nom. Cmt Mmbr	
Nom. Cmt Mmbr	
Nom. Cmt Mmbr	
Nom. Cmt Mmbr	
Ex-Officio	

Once accepted by the Mission Team, the Chair of the Nominations Committee should send each nominee a letter of acceptance for the nominee to sign and return to the Chair of Nominations by August 31st so the information can be published in the edition of the Conference newsletter, the Alert. Nominees will be presented and voted on at a Fall event and take office January 1st of the new year.

# Alabama-West Florida Conference United Methodist Women

## Form for Nomination from the Floor

### 2022 Election

**Submission Deadline:**

The United Methodist Women election process and bylaws allow for nominations from the floor. Please use this form for nomination from the floor for this 2021 virtual or in-person AWF-UMW Conference Officers' election. If you want to make a nomination for more than one office, you must complete a form for each.

Send all Nominations from the Floor to Peggy Cunningham, Committee on Nominations Chair,  
 peggysc2011@gmail.com by \_\_\_\_\_

If you have questions, contact Peggy Cunningham, Committee on Nominations Chair, at 251-752-  
 .1714

**1. For which office is your nomination?**

President	<input type="text"/>
Secretary	<input type="text"/>
Communication Coordinator	<input type="text"/>
Social Action Coordinator	<input type="text"/>
Education & Interpretation Coordinator	<input type="text"/>
Member, Committee on Nominations	<input type="text"/>

**2. Nominee's Contact Information (REQUIRED)**

Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
Zip Code	<input type="text"/>
Email Address:	<input type="text"/>
Local Church / UMW:	<input type="text"/>

**3. Please enter the nominee's home, cell and work numbers. (REQUIRED)**

Home Phone Number:	<input type="text"/>
Cell Phone Number:	<input type="text"/>
Work Phone Number:	<input type="text"/>

**4. Please identify the age range of the nominee. (Optional)**

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> 18-30 years | <input type="radio"/> 51-65 years |
| <input type="radio"/> 31-40 years | <input type="radio"/> 66-70 years |
| <input type="radio"/> 41-50 years | <input type="radio"/> 71 and over |









**Alabama West Florida Conference**

Date \_\_\_\_\_

Dear \_\_\_\_\_

The Report of the \_\_\_\_\_ District United Methodist Women, Committee on Nominations, for the year beginning January \_\_\_\_\_ is complete. A copy of that report, which will be presented at the \_\_\_\_\_, 20\_\_ District Fall Event is enclosed. Please double check to see that your information is correct and notify us of any errors.

We are grateful for your willingness to serve as \_\_\_\_\_ for a \_\_\_\_\_-Year Term beginning January 1, \_\_\_\_\_. Please be assured that we will not elect you to that office and then abandon you. We will continue to hold you in our prayers, support you at the meetings and will be ready to help you in any manner.

An acceptance form is enclosed that we wish you to complete and mail back to me. This acceptance form is your way of acknowledging the duties and responsibilities that you will have if elected. If you have any questions concerning this, please feel free to call me or our district president. The form also contains information that will be published in our district newsletter prior to the Fall elections. Please return the form with a picture of yourself. The picture can be send in a digital form to my email if you wish.

At the \_\_\_\_\_ District Fall Event, you will be introduced as the Nominee for the office of \_\_\_\_\_. We will ask you to stand or otherwise let your presence be known to help members identify you and the office of \_\_\_\_\_. If elected by the body that day, you will be inducted during a ceremony that day.

If you have questions, please feel free to call me.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CHAIR, COMMITTEE ON NOMINATIONS

Enclosures:

- Advance copy of the Report of the Committee on Nominations
- Nominations Acceptance Form
- Job Responsibilities

*"...I now remind you to stir into flame the gift of God which is within you." - II Timothy 1:6 NEB*

**Job Responsibilities -**

\_\_\_\_\_  
Conference Office

(Taken from the Alabama West Florida Conference UMW Workbook)

## SCRIPT FOR OFFICER VOTING

### **Chair, Nominations:**

“The Committee on Nominations presents the following nominees for officers of the \_\_\_\_\_ District/Conference: (She then reads office and persons named for each.) “This report is submitted by the Committee on Nominations: (read names)”.

### **President:**

“The following have been nominated:

President, (name). Are there any nominations from the floor for office of President? (wait)

Vice President (name). Are there nominations from the floor for office of Vice President?” (wait)

Continue to list office and name of any to be elected – asking same question after each.

“Hearing no nominations from the floor, I declare the nominations closed.”

(At this point, someone may make a motion to accept the entire slate by General Consent; ask for second and vote.)

If approved, President says: “The motion to accept the slate is approved. Those in favor, please raise your hand. (Count) Those opposed, likewise. The slate is approved.”

By your vote the following have been elected: President, Name; etc.”

If there is no motion, the President says:

“All in favor of electing (name) as President please raise your hand. (count) Those opposed likewise. (count)

Continue on through all to be elected.

President: “By your vote, you have elected these women to be your officers for (YEAR). (name them).”

**ALABAMA WEST FLORIDA CONFERENCE  
UNITED METHODIST WOMEN**



DATE: \_\_\_\_\_  
 TO: \_\_\_\_\_  
 RE: Authorizing Change of United Methodist Women's Officers on Bank Account

**DATE  
CHANGE  
EFFECTIVE**

\_\_\_\_\_

The membership of the Alabama West Florida Conference United Methodist Women elected new officers. With that being said, please remove the following officers from the signature cards for the accounts listed in our name (see list below). The old officers should still have access to signing checks and deposits until December 31, and the new officers listed will resume their duties on January 1st or the Date Change Effective listed above. The mailing address of all the accounts should also be changed to the incoming treasurer's address listed below, effective also January 1.

A copy of the official resolution made by the Alabama West Florida Conference United Methodist Women is attached

**Outgoing Officers Names and Addresses:**

\_\_\_\_\_ President  
 \_\_\_\_\_ Treasurer

**Incoming Officers Names and Addresses:**

\_\_\_\_\_ President  
 \_\_\_\_\_ Treasurer

Federal Tax # 63-1108101

Names of Bank Account(s) held by the Alabama West Florida Conference United Methodist Women:

Bank Account Name	ACCT #	Route #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your cooperation in getting this done for our organization.

Respectfully,

\_\_\_\_\_  
 Outgoing President  
 Alabama West Florida Conference United Methodist Women

Alabama West Florida Conference United Methodist Women  
**Resolution**

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Dated:

By official vote of the Alabama West Florida Conference United Methodist Women, the below named individual was elected as

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Name of Officer:

Address:

Phone #

Email:

In accordance with the Alabama West Florida Conference Standing Rules, this officer has the authorization of this body to be a signature bearer of any of the organizations financial accounts.

This officer assumes these official duties as of:

January 1,

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President,  
Alabama West Florida Conference  
United Methodist Women



**Alabama-West Florida Conference United Methodist Women  
Scholarship Event Application**

You are invited to apply if you are:

***Please check the box that best describes you.***

- A FIRST TIMER TO THIS EVENT
- ARE UNDER 39
- ARE A NEWLY RETIRED WOMAN

***One scholarship will be awarded to the following events:***

Please check the event you are interested in attending.

- ANNUAL MEETING
- SPIRITUAL ENRICHMENT RETREAT

***Terms of the Agreement:***

- a) A committee of the Secretary, Coordinator for Spiritual Growth and the Vice President will review your applications and choose one scholarship recipient per event.
- b) The recipient and the Conference Treasurer will be notified two weeks prior to the event.
- c) The recipient must submit an event registration form immediately to the Conference Registrar.
- d) Registration fee will be covered by the Conference Treasurer.
- e) If you are chosen and unable to attend, funds will revert to the scholarship fund.
- f) Applications must be submitted to the Conference Secretary thirty (30) days prior to the event. Only applications received prior to the deadline will be considered.

SEND TO: DEBBIE BELL, 9640 Sky Vista Dr. Semmes, AL 36575 /  
mawbel36575@yahoo.com

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Your Name

---

Your Address

---

Your Phone Number(s)

---

Your E-Mail Address(s)

---

Your District

---

Your Local Church

- Your age group:
- 12 & Under
  - 13 – 18
  - 19 – 30
  - 31 – 50
  - 51 – 60
  - 61 – 70
  - Over 70

Please continue to page 2 to complete the application.

Page 1 of 2

**Alabama-West Florida Conference United Methodist Women  
Scholarship Event Application**

1 Have you previously applied for a scholarship offered by Alabama-West Florida Conference United Methodist Women? If yes, please explain.

2 Why you would like to receive this scholarship?

3 Why would you like to attend this specific event?

4 How are you involved in United Methodist Women in your local church? Dates and events will be helpful if available.

5 How will you share your event experience with others following the event?

Thank you for submitting this application. Please by your signature below acknowledge you have read and understood the terms of the scholarship agreement contained in this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rec'd by  
AWFC

\_\_\_\_\_  
Page 2 of 2

TO:  
FROM: Alabama-West Florida United Methodist Women  
RE: United Methodist Women Financial Support  
DATE:



The Alabama-West Florida United Methodist Women are in the process of reviewing our policies, procedures and goals for the coming year. Part of this process involves the review of all agencies who currently receive funds from our conference treasurer. According to our disbursements documents, Dumas Wesley Community Center in Mobile, AL. received \$\_\_\_\_\_ of our designated funding in 20\_\_\_\_.

Please carefully complete the attached standard form and provide all the requested information. This information must be received no later than July 1<sup>st</sup> of this year in order for the committee to review and make recommendations to the Alabama-West Florida United Methodist Women Executive Mission Team at its summer meeting. It is very important that you answer all questions and provide all requested documents. If you have any questions please feel free to contact Debbie Bell, Alabama-West Florida United Methodist Women conference president by email [mawbel36575@yahoo.com](mailto:mawbel36575@yahoo.com) or call at 251-232-6898

Your timely response is equally appreciated and important as continued funding is not automatic but is approved annually. Thank you for your cooperation in this matter.

Respectfully,

Debbie Bell, President 2019-2020

Alabama-West Florida United Methodist Women

cc: Cathy Givan, AWF-UMW Secretary

Jean Creswell, AWF-UMW Treasurer



**ANNUAL REPORT TO ALABAMA-WEST FLORIDA-UNITED METHODIST WOMEN  
FOR THE YEAR \_\_\_\_\_**

**NAME OF INSTITUTION** Dumas Wesley Community Center

**ADDRESS** 126 Mobile St.

Mobile, AL. 36607

**Phone # / Email** 251-479-0649/ kcarver@dumaswesley.org

**Website** <http://www.dumaswesley.org>

**CONTACT PERSON** Kate Carver

INCOME	AMOUNTS	
Cash Received for Year from AWF-UMW		From AWF-UMW only
Cash Received for Year From Local Unit UMW		Local UMW Units in AWFC
Cash Received from National UMW		National grants, etc.
Gift-In-Kind Amount Estimated for Year		
Total Received	\$ -	

COSTS	Dollar Amounts	% to Total Spent
Total Cost of Programming that this money will be used for:		#DIV/0!
Total Cost of All Other Overhead		#DIV/0!
Total Cost of All expenses	\$ -	
% of Programming to Income Received		#DIV/0!

WHO WE'VE SERVED	Number	Programming \$\$ Spent per Gender Type
# of Children Served		
# of Women Served		
# of Men Served		
	0	

**Please list Programs that are included in the Amounts Listed Above:**


**Please return this form by June 15<sup>th</sup> for the prior year info to Alabama-West Florida United Methodist Women to the address on the attached letter.**

CRITERIA THAT HAS TO BE MET:	Yes / No
1. Are you a recognized 501(3)c organization: Fed Tax ID #	
2. 100% of Money Sent by United Methodist Women will be used for Programming for Women and Children	
3 Has a representative of United Methodist Women been invited and has attended your meetings? If not, can one visit if funding is awarded?	
4. Has an Audit for this institution been done and reviewed by a United Methodist Women Representative. Please attach a copy of your latest Financial audit.	

\_\_\_\_\_  
*Signature of Institution Representative* \_\_\_\_\_  
*Date*

**United Methodist Women, National Office  
Special Events Insurance Request Form**

**Submit to UMW National Office 5 WEEKS before your event ONLY IF:  
(1) your event will be 5 or more business days or 500 or more people OR  
(2) you need a Certificate of Insurance for a smaller event.**

Name of Event: \_\_\_\_\_

UMW event organized by: District   Conference   Jurisdiction   National Office

Date (s) of Event: to \_\_\_\_\_

Address of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Sponsor: \_\_\_\_\_

Event Contact Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

Please email this application or any questions to:

[Wspencer@unitedmethodistwomen.org](mailto:Wspencer@unitedmethodistwomen.org) or  
[Hmui@unitedmethodistwomen.org](mailto:Hmui@unitedmethodistwomen.org)

**ABOUT EVENT INSURANCE:**

The National Office maintains liability insurance that covers UMW special events organized by Districts, Conferences, Jurisdictions and the National Office. There is no charge to the District, Conference or Jurisdiction.

Events of less than 5 business days and under 500 people are automatically covered. For larger events, you must submit a Special Events Insurance Request Form to the National Office 5 weeks before the event. You may also submit the form if you need a Certificate of Insurance for a smaller event. **Regardless of event size, you must submit a Special Events Incident Report Form (attached) to the National Office within 24 hours of any incident or accident that occurs at your event .**

Form Revised 01/27/20

**United Methodist Women, National Office  
Special Events Incident Report Form**

**Submit to National Office within 24 hours of incident or accident.**

Name of Event: \_\_\_\_\_

UMW event organized by: District Conference Jurisdiction National Office

Incident Date: \_\_\_\_\_

Incident Time: \_\_\_\_\_

Incident Address /  
Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injured Person's Name: \_\_\_\_\_

Injured Person's Email:  
& Phone #: \_\_\_\_\_  
\_\_\_\_\_

Details of Incident (attach any photos or official reports):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injury Type: \_\_\_\_\_  
\_\_\_\_\_

Did Injury require Hospital, Physician? Yes No

**If yes:**

Hospital Name: \_\_\_\_\_

Hospital Phone # \_\_\_\_\_

Hospital Address: \_\_\_\_\_  
\_\_\_\_\_

IMPORTANT NOTES (include Photos, Official Report, name(s) and contact information  
of witness(s):

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

Reporting Person's Name: \_\_\_\_\_

Report Date: \_\_\_\_\_

Reporting Person's Email:  
& Phone #: \_\_\_\_\_  
\_\_\_\_\_

Please send completed incident report(s) or any questions to both:

[Wspencer@unitedmethodistwomen.org](mailto:Wspencer@unitedmethodistwomen.org)

Phone: (212) 870-3775

**TALENT BANK INFORMATION FOR PROSPECTIVE LEADERSHIP  
ALABAMA WEST FLORIDA UNITED METHODIST WOMEN**

(Please type or print) Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

LOCAL CHURCH \_\_\_\_\_ AGE \_\_\_\_\_

RACIAL/ETHNIC GROUP \_\_\_\_\_

EMPLOYED Full time \_\_\_\_\_ Part time \_\_\_\_\_ Retired \_\_\_\_\_

EMPLOYMENT POSITION \_\_\_\_\_

**EXPERIENCE IN UNITED METHODIST WOMEN**

Local \_\_\_\_\_ District \_\_\_\_\_  
Conference \_\_\_\_\_ Other \_\_\_\_\_

**SPECIAL TALENTS AND SKILLS**

*Should have Computer skills and be able to use Excel (Treasurer) or Word (Secretary)*

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

**ABILITY TO BE AWAY FROM HOME OR EMPLOYMENT FOR:**

Full Day \_\_\_\_\_ Weekend \_\_\_\_\_ Extended Period of Time \_\_\_\_\_

**OTHER SIGNIFICANT INFORMATION**

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

**If person filling out form is same as the person named, complete the following:**

You may consider my name for:

\_\_\_\_\_ any position at the Conference level  
\_\_\_\_\_ any position on the District level  
\_\_\_\_\_ any specific positions(list) \_\_\_\_\_

Name of Person Submitting Information \_\_\_\_\_

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2022

*Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.*

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT **BAYPINES** PRESIDENT   
 EMAIL

1

**MISSION STUDIES ATTENDED** (either local unit or District sponsored. **Do NOT include Mission U**).  
 Where appropriate, virtual participation qualifies for completion of a criteria item.

Local Unit Name	Local or District (state which)				TOTALS
1					0
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
11					0
12					0
13					0
34	District				0
<b>TOTAL Mission</b>		0	0	0	0

**LIST THE STUDIES** IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

**please list units in alphabetical order**

2

MEMBERSHIP Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2022	BAYPINES
----------------------------	---------------	-----	---------------------	-------------------------------	----------------	------	----------

BAYPINES

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
34	District					0
<b>TOTAL MEMBERS</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Use negative numbers on Col F & G

unit names will auto populate from first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
34	District				0
<b>TOTAL Mission Today</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Put in 1 or blank, not X or not Yes

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.						2022
LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	BAYPINES

BAYPINES

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
34	District					0
	To match sent to Conference					0
	<b>TOTAL 5-Star</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Col D or E put in 1 if yes or leave blank.  
 Col G = total unrestricted pledge paid to district  
 Col H = all other 5-star money paid to district  
 Col I will automatically calculate  
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last

<b>5</b>	<b>PLEDGE Amount approved last year</b>	
	<b>OVER/UNDER PLEDGE</b>	<b>\$-</b>

Difference in what district pledged and actually paid (will auto calculate)

<b>5a</b>	<b>Current Year A&amp;MD Budget Recap</b>	
	Current Year A&MD Budget Total Allowed	
	Current Year A&MD Budget Actually Spent	

<b>5b</b>	<b>Current Year Checking Account (do not include any but A&amp;MD)</b>	
	Beginning Balance January 1st	
	Ending Balance as of this report including outstanding (unreconciled) deposits and checks	

<b>6</b>	<b>Visitations</b>	<b>Local Unit</b>	<b>Other District</b>	<b>District Meetings</b>	<b>Conference Meetings</b>	<b>Total Mileage</b>
	0					

<b>7</b>	<b>CHARTER FOR RACIAL JUSTICE</b>			
	<b>LOCAL UNIT</b>	<b>First Time</b>	<b>Reinstated</b>	<b>Returning</b>
1	0			
2	0			
3	0			
4	0			
5	0			
6	0			
7	0			
8	0			
9	0			
10	0			
11	0			
12	0			
13	0			
34	District			
	<b>TOTAL Charter Racial</b>	<b>0</b>	<b>0</b>	<b>0</b>

Use either the number 1 or leave blank

<b>8</b>	<b>READING PROGRAM</b>	<b>PLAN</b>					<b>TOTAL</b>	<b>2022</b>
	<b>LOCAL UNIT</b>	<b>ONE</b>	<b>TWO</b>	<b>THREE</b>	<b>FOUR</b>	<b>PART.</b>	<b>BAYPINES</b>	
1	0						0	
2	0						0	
3	0						0	
4	0						0	
5	0						0	
6	0						0	
7	0						0	

enter the actual number per plan per unit

**use numbers,**

BAYPINES

80							0
90							0
100							0
110							0
120							0
130							0
34 District							0
<b>TOTAL Reading Prg</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

not an X

9

**ATTENDANCE -**  
 Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.

LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer .
10				0				0.0%	0.0%
20				0				0.0%	0.0%
30				0				0.0%	0.0%
40				0				0.0%	0.0%
50				0				0.0%	0.0%
60				0				0.0%	0.0%
70				0				0.0%	0.0%
80				0				0.0%	0.0%
90				0				0.0%	0.0%
100				0				0.0%	0.0%
110				0				0.0%	0.0%
120				0				0.0%	0.0%
130				0				0.0%	0.0%
34 District				0				0.0%	0.0%
<b>TOTALS Attendance</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
				<b>Grand Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>		



BAYPINES

for READING PROGRAM Certificates		READING
NAME of Individual	Local Unit	PLAN
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
See separate Sheet		
<b>TOTAL</b>		<b>0</b>

0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

**Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.**

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
<b>TOTAL HOURS SPENT (estimated)</b>		<b>0</b>
7	<b>What do you believe your District did this year that is note worthy?</b>	

BAYPINES

8	<b>What do you believe that you did as District President with the Conference as a whole that is noteworthy?</b>	

BAYPINES

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2022

*Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.*

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT **DOTHAN-MAR-PC** PRESIDENT

EMAIL

1

**MISSION STUDIES ATTENDED** (either local unit or District sponsored. **Do NOT include Mission U**).  
Where appropriate, virtual participation qualifies for completion of a criteria item.

Local Unit Name	Local or District (state which)				TOTALS
1					0
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
11					0
12					0
13					0
14					0
15					0
16					0
17					0
18					0
19					0
20					0
21					0
22					0
23					0
24					0
25					0
26					0
27					0
28					0
29					0
30					0
31					0
32					0
33					0
34	District				0
<b>TOTAL Mission</b>		0	0	0	0

**LIST THE STUDIES** IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. *You can hide, but don't delete.*

**please list units in alphabetical order**

2

<b>MEMBERSHIP Jan 1 to Nov 30</b>	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	<b>2022</b>	<b>DOTHAN-MAR-PC</b>
-----------------------------------	---------------	-----	---------------------	-------------------------------	----------------	-------------	----------------------

DOTHAN

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
<b>TOTAL MEMBERS</b>		0	0	0	0	0

Use negative numbers on Col F & G

unit names will auto populate from first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0

Put in 1 or blank, not X or not Yes

DOTHAN

19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
<b>TOTAL Mission Today</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

4

**FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.**

**2022**

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	DOTHAN-MAR-PC
------------	--------	---	------------------------	---------------	--------------------------	---------------

DOTHAN

1	0								0
2	0								0
3	0								0
4	0								0
5	0								0
6	0								0
7	0								0
8	0								0
9	0								0
10	0								0
11	0								0
12	0								0
13	0								0
14	0								0
15	0								0
16	0								0
17	0								0
18	0								0
19	0								0
20	0								0
21	0								0
22	0								0
23	0								0
24	0								0
25	0								0
26	0								0
27	0								0
28	0								0
29	0								0
30	0								0
31	0								0
32	0								0
33	0								0
34	District								0
	To match sent to Conference								0
	<b>TOTAL 5-Star</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	<b>0</b>

Col D or E put in 1 if yes or leave blank.  
 Col G = total unrestricted pledge paid to district  
 Col H = all other 5-star money paid to district  
 Col I will automatically calculate  
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

<b>5</b>	<b>PLEDGE Amount approved last year</b>	
	<b>OVER/UNDER PLEDGE</b>	<b>\$-</b>

Difference in what district pledged and actually paid (will auto calculate)

<b>5a</b>	<b>Current Year A&amp;MD Budget Recap</b>
	Current Year A&MD Budget Total Allowed
	Current Year A&MD Budget Actually Spent

<b>5b</b>	<b>Current Year Checking Account (do not include any but A&amp;MD)</b>
	Beginning Balance January 1st
	Ending Balance as of this report including outstanding (unreconciled) deposits and checks

<b>6</b>	<b>Visitations</b>	<b>Local Unit</b>	<b>Other District</b>	<b>District Meetings</b>	<b>Conference Meetings</b>	<b>Total Mileage</b>
	0					

<b>7</b>	<b>CHARTER FOR RACIAL JUSTICE</b>			
	<b>LOCAL UNIT</b>	<b>First Time</b>	<b>Reinstated</b>	<b>Returning</b>
1				
2				
3				
4				
5				
6				

Use either the number 1 or leave blank

DOTHAN

70				
80				
90				
100				
110				
120				
130				
140				
150				
160				
170				
180				
190				
200				
210				
220				
230				
240				
250				
260				
270				
280				
290				
300				
310				
320				
330				
34 District				<b>TOTAL</b>
<b>TOTAL Charter Racial</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**8**

READING PROGRAM LOCAL UNIT	PLAN					TOTAL	2022
	ONE	TWO	THREE	FOUR	PART.		DOTHAN-MAR-PC
10						0	enter the actual number per plan per unit  <b>use numbers, not an X</b>
20						0	
30						0	
40						0	
50						0	
60						0	
70						0	
80						0	
90						0	
100						0	
110						0	
120						0	
130						0	
140						0	
150						0	
210						0	
220						0	
230						0	
240						0	
250						0	
260						0	
270						0	
280						0	
290						0	
300						0	
310						0	



DOTHAN

32	0									0
33	0									0
34	District									0
<b>TOTAL Reading Prg</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

9

**ATTENDANCE -**  
 Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.

	LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer .
1	0				0				0.0%	0.0%
2	0				0				0.0%	0.0%
3	0				0				0.0%	0.0%
4	0				0				0.0%	0.0%
5	0				0				0.0%	0.0%
6	0				0				0.0%	0.0%
7	0				0				0.0%	0.0%
8	0				0				0.0%	0.0%
9	0				0				0.0%	0.0%
10	0				0				0.0%	0.0%
11	0				0				0.0%	0.0%
12	0				0				0.0%	0.0%
13	0				0				0.0%	0.0%
14	0				0				0.0%	0.0%
15	0				0				0.0%	0.0%
16	0				0				0.0%	0.0%
17	0				0				0.0%	0.0%
18	0				0				0.0%	0.0%
19	0				0				0.0%	0.0%
20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	0				0				0.0%	0.0%
23	0				0				0.0%	0.0%
24	0				0				0.0%	0.0%
25	0				0				0.0%	0.0%
26	0				0				0.0%	0.0%
27	0				0				0.0%	0.0%
28	0				0				0.0%	0.0%
29	0				0				0.0%	0.0%
30	0				0				0.0%	0.0%
31	0				0				0.0%	0.0%
32	0				0				0.0%	0.0%
33	0				0				0.0%	0.0%
34	District				0				0.0%	0.0%
<b>TOTALS Attendance</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>Grand Totals</b>						<b>0</b>	<b>0</b>	<b>0</b>		

DOTHAN

for READING PROGRAM Certificates		READING
NAME of Individual	Local Unit	PLAN
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
See separate Sheet		
<b>TOTAL</b>		<b>0</b>

0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

***Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.***

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
Other:		
e.		
<b>TOTAL HOURS SPENT (estimated)</b>		<b>0</b>
7	<b>What do you believe your District did this year that is note worthy?</b>	

DOTHAN

8	<b>What do you believe that you did as District President with the Conference as a whole that is noteworthy?</b>	

DOTHAN

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2022

*Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.*

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT **MONTGOMERY** PRESIDENT \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**1 MISSION STUDIES ATTENDED** (either local unit or District sponsored. **Do NOT include Mission U**).  
 Where appropriate, virtual participation qualifies for completion of a criteria item.

Local Unit Name	Local or District (state which)				TOTALS
1					0
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
11					0
12					0
13					0
14					0
15					0
16					0
17					0
18					0
19					0
20					0
21					0
22					0
23					0
24					0
25					0
26					0
27					0
28					0
29					0
30					0
31					0
32					0
33					0
34	District				0
<b>TOTAL Mission</b>		0	0	0	0

**LIST THE STUDIES** IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

**please list units in alphabetical order**

**2**

<b>MEMBERSHIP Jan 1 to Nov 30</b>	<b>Members Jan 1</b>	<b>New</b>	<b>Deceased (negative)</b>	<b>Lost Other Reasons (negative)</b>	<b>Current Nov 30</b>	<b>2022 MONTGOMERY</b>
-----------------------------------	----------------------	------------	----------------------------	--------------------------------------	-----------------------	------------------------

MONTGOMERY

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
<b>TOTAL MEMBERS</b>		0	0	0	0	0

Use negative numbers on Col F & G

unit names will auto populate from first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0

Put in 1 or blank, not X or not Yes

MONTGOMERY

19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
<b>TOTAL Mission Today</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

4

**FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.**

**2022**

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	MONTGOMERY
------------	--------	---	------------------------	---------------	--------------------------	------------

MONTGOMERY

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
	To match sent to Conference					0
	<b>TOTAL 5-Star</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Col D or E put in 1 if yes or leave blank.  
 Col G = total unrestricted pledge paid to district  
 Col H = all other 5-star money paid to district  
 Col I will automatically calculate  
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

<b>5</b>	<b>PLEDGE Amount approved last year</b>	
	<b>OVER/UNDER PLEDGE</b>	<b>\$-</b>

Difference in what district pledged and actually paid (will auto calculate)

<b>5a</b>	<b>Current Year A&amp;MD Budget Recap</b>	
	Current Year A&MD Budget Total Allowed	
	Current Year A&MD Budget Actually Spent	

<b>5b</b>	<b>Current Year Checking Account (do not include any but A&amp;MD)</b>	
	Beginning Balance January 1st	
	Ending Balance as of this report including outstanding (unreconciled) deposits and checks	

<b>6</b>	<b>Visitations</b>	<b>Local Unit</b>	<b>Other District</b>	<b>District Meetings</b>	<b>Conference Meetings</b>	<b>Total Mileage</b>
	0					

<b>7</b>	<b>CHARTER FOR RACIAL JUSTICE</b>			
	<b>LOCAL UNIT</b>	<b>First Time</b>	<b>Reinstated</b>	<b>Returning</b>
1				
2				
3				
4				
5				
6				

Use either the number 1 or leave blank



MONTGOMERY

70				
80				
90				
100				
110				
120				
130				
140				
150				
160				
170				
180				
190				
200				
210				
220				
230				
240				
250				
260				
270				
280				
290				
300				
310				
320				
330				
34 District				
<b>TOTAL Charter Racial</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>TOTAL 0</b>

8

READING PROGRAM LOCAL UNIT	PLAN					TOTAL	2022
	ONE	TWO	THREE	FOUR	PART.		MONTGOMERY
10						0	enter the actual number per plan per unit  <b>use numbers, not an X</b>
20						0	
30						0	
40						0	
50						0	
60						0	
70						0	
80						0	
90						0	
100						0	
110						0	
120						0	
130						0	
140						0	
150						0	
210						0	
220						0	
230						0	
240						0	
250						0	
260						0	
270						0	
280						0	
290						0	
300						0	
310						0	

MONTGOMERY

32	0									0
33	0									0
34	District									0
<b>TOTAL Reading Prg</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

9

**ATTENDANCE -**  
 Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.

	LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer .
1	0				0				0.0%	0.0%
2	0				0				0.0%	0.0%
3	0				0				0.0%	0.0%
4	0				0				0.0%	0.0%
5	0				0				0.0%	0.0%
6	0				0				0.0%	0.0%
7	0				0				0.0%	0.0%
8	0				0				0.0%	0.0%
9	0				0				0.0%	0.0%
10	0				0				0.0%	0.0%
11	0				0				0.0%	0.0%
12	0				0				0.0%	0.0%
13	0				0				0.0%	0.0%
14	0				0				0.0%	0.0%
15	0				0				0.0%	0.0%
16	0				0				0.0%	0.0%
17	0				0				0.0%	0.0%
18	0				0				0.0%	0.0%
19	0				0				0.0%	0.0%
20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	0				0				0.0%	0.0%
23	0				0				0.0%	0.0%
24	0				0				0.0%	0.0%
25	0				0				0.0%	0.0%
26	0				0				0.0%	0.0%
27	0				0				0.0%	0.0%
28	0				0				0.0%	0.0%
29	0				0				0.0%	0.0%
30	0				0				0.0%	0.0%
31	0				0				0.0%	0.0%
32	0				0				0.0%	0.0%
33	0				0				0.0%	0.0%
34	District				0				0.0%	0.0%
<b>TOTALS Attendance</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>Grand Totals</b>						<b>0</b>	<b>0</b>	<b>0</b>		

MONTGOMERY

for READING PROGRAM Certificates		READING
NAME of Individual	Local Unit	PLAN
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
See separate Sheet		
<b>TOTAL</b>		<b>0</b>

0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

**Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.**

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
<b>TOTAL HOURS SPENT (estimated)</b>		<b>0</b>
7	<b>What do you believe your District did this year that is note worthy?</b>	

MONTGOMERY

8	<b>What do you believe that you did as District President with the Conference as a whole that is noteworthy?</b>	

MONTGOMERY

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2022

*Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.*

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT **PENSACOLA** PRESIDENT \_\_\_\_\_  
 EMAIL \_\_\_\_\_

1

**MISSION STUDIES ATTENDED** (either local unit or District sponsored. **Do NOT include Mission U**).  
 Where appropriate, virtual participation qualifies for completion of a criteria item.

Local Unit Name	Local or District (state which)				TOTALS
1					0
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
11					0
12					0
13					0
14					0
15					0
16					0
17					0
18					0
19					0
20					0
21					0
22					0
23					0
24					0
25					0
26					0
27					0
28					0
29					0
30					0
31					0
32					0
33					0
34	District				0
<b>TOTAL Mission</b>		0	0	0	0

**LIST THE STUDIES** IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

**please list units in alphabetical order**

2

<b>MEMBERSHIP Jan 1 to Nov 30</b>	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	<b>2022</b>	<b>PENSACOLA</b>
-----------------------------------	---------------	-----	---------------------	-------------------------------	----------------	-------------	------------------

PENSACOLA

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
<b>TOTAL MEMBERS</b>		0	0	0	0	0

Use negative numbers on Col F & G

unit names will auto populate from first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0

Put in 1 or blank, not X or not Yes

PENSACOLA

19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
<b>TOTAL Mission Today</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

4

**FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.**

**2022**

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	PENSACOLA
------------	--------	---	------------------------	---------------	--------------------------	-----------



PENSACOLA

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
	To match sent to Conference					0
	<b>TOTAL 5-Star</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Col D or E put in 1 if yes or leave blank.  
 Col G = total unrestricted pledge paid to district  
 Col H = all other 5-star money paid to district  
 Col I will automatically calculate  
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

<b>5</b>	<b>PLEDGE Amount approved last year</b>	
	<b>OVER/UNDER PLEDGE</b>	<b>\$-</b>

Difference in what district pledged and actually paid (will auto calculate)

<b>5a</b>	<b>Current Year A&amp;MD Budget Recap</b>	
	Current Year A&MD Budget Total Allowed	
	Current Year A&MD Budget Actually Spent	

<b>5b</b>	<b>Current Year Checking Account (do not include any but A&amp;MD)</b>	
	Beginning Balance January 1st	
	Ending Balance as of this report including outstanding (unreconciled) deposits and checks	

<b>6</b>	<b>Visitations</b>	<b>Local Unit</b>	<b>Other District</b>	<b>District Meetings</b>	<b>Conference Meetings</b>	<b>Total Mileage</b>
	0					

<b>7</b>	<b>CHARTER FOR RACIAL JUSTICE</b>			
	<b>LOCAL UNIT</b>	<b>First Time</b>	<b>Reinstated</b>	<b>Returning</b>
1				
2				
3				
4				
5				
6				

Use either the number 1 or leave blank

PENSACOLA

70				
80				
90				
100				
110				
120				
130				
140				
150				
160				
170				
180				
190				
200				
210				
220				
230				
240				
250				
260				
270				
280				
290				
300				
310				
320				
330				
34 District				
<b>TOTAL Charter Racial</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>TOTAL 0</b>

8

READING PROGRAM LOCAL UNIT	PLAN					TOTAL	2022
	ONE	TWO	THREE	FOUR	PART.		PENSACOLA
10						0	enter the actual number per plan per unit  <b>use numbers, not an X</b>
20						0	
30						0	
40						0	
50						0	
60						0	
70						0	
80						0	
90						0	
100						0	
110						0	
120						0	
130						0	
140						0	
150						0	
210						0	
220						0	
230						0	
240						0	
250						0	
260						0	
270						0	
280						0	
290						0	
300						0	
310						0	

PENSACOLA

32	0									0
33	0									0
34	District									0
<b>TOTAL Reading Prg</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

9

**ATTENDANCE -**  
 Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.

	LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer .
1	0				0				0.0%	0.0%
2	0				0				0.0%	0.0%
3	0				0				0.0%	0.0%
4	0				0				0.0%	0.0%
5	0				0				0.0%	0.0%
6	0				0				0.0%	0.0%
7	0				0				0.0%	0.0%
8	0				0				0.0%	0.0%
9	0				0				0.0%	0.0%
10	0				0				0.0%	0.0%
11	0				0				0.0%	0.0%
12	0				0				0.0%	0.0%
13	0				0				0.0%	0.0%
14	0				0				0.0%	0.0%
15	0				0				0.0%	0.0%
16	0				0				0.0%	0.0%
17	0				0				0.0%	0.0%
18	0				0				0.0%	0.0%
19	0				0				0.0%	0.0%
20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	0				0				0.0%	0.0%
23	0				0				0.0%	0.0%
24	0				0				0.0%	0.0%
25	0				0				0.0%	0.0%
26	0				0				0.0%	0.0%
27	0				0				0.0%	0.0%
28	0				0				0.0%	0.0%
29	0				0				0.0%	0.0%
30	0				0				0.0%	0.0%
31	0				0				0.0%	0.0%
32	0				0				0.0%	0.0%
33	0				0				0.0%	0.0%
34	District				0				0.0%	0.0%
<b>TOTALS Attendance</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>Grand Totals</b>						<b>0</b>	<b>0</b>	<b>0</b>		

PENSACOLA

for READING PROGRAM Certificates		READING
NAME of Individual	Local Unit	PLAN
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
See separate Sheet		
<b>TOTAL</b>		<b>0</b>

0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

**Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.**

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2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
<b>TOTAL HOURS SPENT (estimated)</b>		<b>0</b>
7	<b>What do you believe your District did this year that is note worthy?</b>	

PENSACOLA

8	<b>What do you believe that you did as District President with the Conference as a whole that is noteworthy?</b>	

PENSACOLA

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2022

*Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.*

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT **SOUTH WEST** PRESIDENT \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**1 MISSION STUDIES ATTENDED** (either local unit or District sponsored. **Do NOT include Mission U**).  
 Where appropriate, virtual participation qualifies for completion of a criteria item.

Local Unit Name	Local or District (state which)				TOTALS
1					0
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
11					0
12					0
13					0
14					0
15					0
16					0
17					0
18					0
19					0
20					0
21					0
22					0
23					0
24					0
25					0
26					0
27					0
28					0
29					0
30					0
31					0
32					0
33					0
34	District				0
<b>TOTAL Mission</b>		0	0	0	0

LIST THE STUDIES IN E12, F12, G12. FILL IN Yellow CELLS

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. You can hide, but don't delete.

please list units in alphabetical order

**2 MEMBERSHIP**

Members Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2022	SOUTH WEST
-------------------------	---------------	-----	---------------------	-------------------------------	----------------	------	------------

SOUTHWEST

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
<b>TOTAL MEMBERS</b>		0	0	0	0	0

Use negative numbers on Col F & G

unit names will auto populate from first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0

Put in 1 or blank, not X or not Yes



SOUTHWEST

19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
<b>TOTAL Mission Today</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

4

**FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.**

**2022**

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	SOUTH WEST
------------	--------	---	------------------------	---------------	--------------------------	------------

SOUTHWEST

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
	To match sent to Conference					0
	<b>TOTAL 5-Star</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Col D or E put in 1 if yes or leave blank.  
 Col G = total unrestricted pledge paid to district  
 Col H = all other 5-star money paid to district  
 Col I will automatically calculate  
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

<b>5</b>	<b>PLEDGE Amount approved last year</b>	
	<b>OVER/UNDER PLEDGE</b>	<b>\$-</b>

Difference in what district pledged and actually paid (will auto calculate)

<b>5a</b>	<b>Current Year A&amp;MD Budget Recap</b>	
	Current Year A&MD Budget Total Allowed	
	Current Year A&MD Budget Actually Spent	

<b>5b</b>	<b>Current Year Checking Account (do not include any but A&amp;MD)</b>	
	Beginning Balance January 1st	
	Ending Balance as of this report including outstanding (unreconciled) deposits and checks	

<b>6</b>	<b>Visitations</b>	<b>Local Unit</b>	<b>Other District</b>	<b>District Meetings</b>	<b>Conference Meetings</b>	<b>Total Mileage</b>
	0					

<b>7</b>	<b>CHARTER FOR RACIAL JUSTICE</b>			
	<b>LOCAL UNIT</b>	<b>First Time</b>	<b>Reinstated</b>	<b>Returning</b>
1				
2				
3				
4				
5				
6				

Use either the number 1 or leave blank

SOUTHWEST

70				
80				
90				
100				
110				
120				
130				
140				
150				
160				
170				
180				
190				
200				
210				
220				
230				
240				
250				
260				
270				
280				
290				
300				
310				
320				
330				
34 District				
<b>TOTAL Charter Racial</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>TOTAL 0</b>

8

READING PROGRAM LOCAL UNIT	PLAN					TOTAL	2022
	ONE	TWO	THREE	FOUR	PART.		SOUTH WEST
10						0	enter the actual number per plan per unit  <b>use numbers, not an X</b>
20						0	
30						0	
40						0	
50						0	
60						0	
70						0	
80						0	
90						0	
100						0	
110						0	
120						0	
130						0	
140						0	
150						0	
210						0	
220						0	
230						0	
240						0	
250						0	
260						0	
270						0	
280						0	
290						0	
300						0	
310						0	

SOUTHWEST

32	0									0
33	0									0
34	District									0
<b>TOTAL Reading Prg</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

9

**ATTENDANCE -**  
 Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.

	LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer .
1	0				0				0.0%	0.0%
2	0				0				0.0%	0.0%
3	0				0				0.0%	0.0%
4	0				0				0.0%	0.0%
5	0				0				0.0%	0.0%
6	0				0				0.0%	0.0%
7	0				0				0.0%	0.0%
8	0				0				0.0%	0.0%
9	0				0				0.0%	0.0%
10	0				0				0.0%	0.0%
11	0				0				0.0%	0.0%
12	0				0				0.0%	0.0%
13	0				0				0.0%	0.0%
14	0				0				0.0%	0.0%
15	0				0				0.0%	0.0%
16	0				0				0.0%	0.0%
17	0				0				0.0%	0.0%
18	0				0				0.0%	0.0%
19	0				0				0.0%	0.0%
20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	0				0				0.0%	0.0%
23	0				0				0.0%	0.0%
24	0				0				0.0%	0.0%
25	0				0				0.0%	0.0%
26	0				0				0.0%	0.0%
27	0				0				0.0%	0.0%
28	0				0				0.0%	0.0%
29	0				0				0.0%	0.0%
30	0				0				0.0%	0.0%
31	0				0				0.0%	0.0%
32	0				0				0.0%	0.0%
33	0				0				0.0%	0.0%
34	District				0				0.0%	0.0%
<b>TOTALS Attendance</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>Grand Totals</b>						<b>0</b>	<b>0</b>	<b>0</b>		

SOUTHWEST

for READING PROGRAM Certificates		READING
NAME of Individual	Local Unit	PLAN
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
See separate Sheet		
<b>TOTAL</b>		<b>0</b>

0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

**Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.**

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
<b>TOTAL HOURS SPENT (estimated)</b>		<b>0</b>
7	<b>What do you believe your District did this year that is note worthy?</b>	

SOUTHWEST

8	<b>What do you believe that you did as District President with the Conference as a whole that is noteworthy?</b>	

SOUTHWEST

MEMBERSHIP					Calendar Year		2022	
DISTRICT	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	INCR/DECR + / -	# Units	Avg # Members per unit
BAYPINES	0	0	0	0	0	0		#DIV/0!
DOTHAN-MAR-PC	0	0	0	0	0	0		#DIV/0!
MONTGOMERY	0	0	0	0	0	0		#DIV/0!
PENSACOLA	0	0	0	0	0	0		#DIV/0!
SOUTHWEST	0	0	0	0	0	0		#DIV/0!
<b>TOTALS MEMBERSHIP</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>

MISSION TODAY UNIT								
DISTRICT	Bronze	Silver	Gold	Participating	TOTALS	# Units	% Achieved	
BAYPINES	0	0	0	0	0	0	#DIV/0!	
DOTHAN-MAR-PC	0	0	0	0	0	0	#DIV/0!	
MONTGOMERY	0	0	0	0	0	0	#DIV/0!	
PENSACOLA	0	0	0	0	0	0	#DIV/0!	
SOUTHWEST	0	0	0	0	0	0	#DIV/0!	
<b>TOTALS MEMBERSHIP</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>	

FIVE STAR ACHIEVEMENTS IN GIVING and PLEDGES and BUDGETS							
	5-STAR	TOTAL PLEDGE	TOTAL PAID	OVER / UNDER	% 5 STAR	BUDGET	SPENT less Unit A&MD sent
BAYPINES	0	0	0	0	#DIV/0!	0	0
DOTHAN-MAR-PC	0	0	0	0	#DIV/0!	0	0
MONTGOMERY	0	0	0	0	#DIV/0!	0	0
PENSACOLA	0	0	0	0	#DIV/0!	0	0
SOUTHWEST	0	0	0	0	#DIV/0!	0	0
Conference				0			
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>	<b>0</b>	<b>0</b>

CHARTER FOR RACIAL JUSTICE					% Units Participating
	First Time	Reinstated	Returning	TOTAL	
BAYPINES	0	0	0	0	#DIV/0!
DOTHAN-MAR-PC	0	0	0	0	#REF!
MONTGOMERY	0	0	0	0	#REF!
PENSACOLA	0	0	0	0	#DIV/0!
SOUTHWEST	0	0	0	0	#DIV/0!
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>

READING PROGRAM	PLAN					TOTAL	% Members Participating
	ONE	TWO	THREE	FOUR	PART.		
BAYPINES	0	0	0	0	0	0	#DIV/0!
DOTHAN-MAR-PC	0	0	0	0	0	0	#REF!
MONTGOMERY	0	0	0	0	0	0	#REF!
PENSACOLA	0	0	0	0	0	0	#DIV/0!
SOUTHWEST	0	0	0	0	0	0	#DIV/0!
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>



37-17a AWARDS SUMMARY

STARTING MEMBERSHIP BY DISTRICT	1/1/2022	11/30/2022	AVERAGE
BAYPINES	-	-	-
DOTHAN-MAR-PC	-	-	-
MONTGOMERY	-	-	-
PENSACOLA	-	-	-
SOUTHWEST	-	-	-
<b>TOTAL</b>	-	-	-

POINTS	RANKING
80	1ST
70	2ND
60	3RD
50	4TH
40	5TH
300	

YEAR:	<b>2022</b>	<b>ALABAMA-WEST FLORIDA UNITED METHODIST WOMEN</b>
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**AWARD RANKINGS DISTRICT & CONFERENCE**  
Presented at Annual Day 2023

**DISTRICT EVENT ATTENDANCE - Special Mission Recognition**

DISTRICT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study	MEMBERSHIP FOR YEAR AVG	% ATTENDING DISTRICT EVENTS
BAYPINES	0	0	0	0	-	#DIV/0!
DOTHAN-MAR-PC	0	0	0	0	-	#DIV/0!
MONTGOMERY	0	0	0	0	-	#DIV/0!
PENSACOLA	0	0	0	0	-	#DIV/0!
SOUTHWEST	0	0	0	0	-	#DIV/0!
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>

**CONFERENCE EVENT ATTENDANCE - Many Colors, One Spirit**

DISTRICT	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	MEMBERSHIP FOR YEAR AVG	% ATTENDING CONFERENCE EVENTS
BAYPINES	0	0	0	-	#DIV/0!
DOTHAN-MAR-PC	0	0	0	-	#DIV/0!
MONTGOMERY	0	0	0	-	#DIV/0!
PENSACOLA	0	0	0	-	#DIV/0!
SOUTHWEST	0	0	0	-	#DIV/0!
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>

**DISTRICT EVENT ATTENDANCE - Special Mission Recognition % BY EVENT**

DISTRICT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study
BAYPINES	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
DOTHAN-MAR-PC	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
MONTGOMERY	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
PENSACOLA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
SOUTHWEST	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**CONFERENCE EVENT ATTENDANCE - Many Colors, One Spirit % BY EVENT**

DISTRICT	Conf. Spiritual Enrich	Conf. Annual Day	Mission U
BAYPINES	#DIV/0!	#DIV/0!	#DIV/0!
DOTHAN-MAR-PC	#DIV/0!	#DIV/0!	#DIV/0!
MONTGOMERY	#DIV/0!	#DIV/0!	#DIV/0!
PENSACOLA	#DIV/0!	#DIV/0!	#DIV/0!
SOUTHWEST	#DIV/0!	#DIV/0!	#DIV/0!

**DISTRICT EVENT ATTENDANCE - Special Mission Recognition - RANKING**

DISTRICT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study	TOTAL POINTS	RANKING
BAYPINES					0	
DOTHAN-MAR-PC					0	
MONTGOMERY					0	
PENSACOLA					0	
SOUTHWEST					0	
<b>TOTAL POINTS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**CONFERENCE EVENT ATTENDANCE - Many Colors, One Spirit RANKING**

DISTRICT	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	TOTAL POINTS	RANKING
BAYPINES				0	
DOTHAN-MAR-PC				0	
MONTGOMERY				0	
PENSACOLA				0	
SOUTHWEST				0	
<b>TOTAL POINTS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**CONFERENCE EVENTS**  
**Actually Checked In**

2022

	SER	ANNUAL DAY	MISSION U
BAYPINES			
DOTHAN-MAR-PC			
MONTGOMERY			
PENSACOLA			
SOUTHWEST			
Grand Total	0	0	0

If no District listed on an attendee, just don't include

fill in from the number attended for conference events. All figures should be supplied by Conference

