

**Primitive Methodist Church in the United States of America**  
**General Information**  
**Local Church District Report for the year(s) \_\_\_\_\_**

\_\_\_\_\_ District Meeting held at \_\_\_\_\_  
 Name of District \_\_\_\_\_ Location of District Conference \_\_\_\_\_

Official Name of Church: \_\_\_\_\_

Official Street Address of Church: \_\_\_\_\_

Town or City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Official Street Address of Parsonage: \_\_\_\_\_

Town or City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parsonage Telephone: \_\_\_\_\_ Church Telephone: \_\_\_\_\_

E-mail addresses/Church Web site(s): \_\_\_\_\_

District Delegate: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

District Alternate Delegate: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Conference Delegate: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address & Telephone: \_\_\_\_\_

Conference Alternate Delegate: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address & Telephone: \_\_\_\_\_

Pastor Invited: \_\_\_\_\_ Degrees: \_\_\_\_\_

<b>Compensation</b>	<b>Year: _____</b>	<b>Year:* _____</b>
Base Salary	\$ _____	\$ _____
Car Allowance	\$ _____	\$ _____
Social Security	Yes _____ No _____	Yes _____ No _____
Hospitalization	Yes _____ No _____	Yes _____ No _____
Electricity	Yes _____ No _____	Yes _____ No _____
Heat	Yes _____ No _____	Yes _____ No _____
P.P.F. (Pastor's Share-3%)	Yes _____ No _____	Yes _____ No _____
Additional	_____	_____
Parsonage Rental Value	\$ _____ per year	\$ _____ per year

\*If you plan to have a separate congregational meeting in the second year to establish the compensation for That year then an additional report will be required then.

