

MEN'S MINISTRY CONNECTICUT DISTRICT COUNCIL OF P.A.W., INC.  
COUNCIL REPORT

NAME OF CHURCH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 NUMBER OF LOCAL SAVED CDCMM MEMBERS \_\_\_\_\_ MEETING DAY \_\_\_\_\_  
 PRESIDENT'S NAME \_\_\_\_\_  
 PRESIDENT'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_  
 SECRETARY'S NAME \_\_\_\_\_  
 CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_  
 REMARKS \_\_\_\_\_

DATE \_\_\_\_\_ NEW MEMBERS \_\_\_\_\_  
 DUES: \$ \_\_\_\_\_ LOVE OFFERING: \$ \_\_\_\_\_ OTHER AMOUNT: \$ \_\_\_\_\_ TOTAL AMOUNT: \$ \_\_\_\_\_

**Click the "Download" button and complete the form. Then click the email button to send the form.**

Local Church Men's <b>Ministry</b> Member Name		Please enter \$10.00 under the correct month for paid Council dues/ offering
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