



NEW YORK, PENNSYLVANIA NEW ENGLAND STATES COUNCIL

INTERNATIONAL KING'S MEN AUXILIARY

DATE: _____

SECTION 1: Church Information

Church Name _____ Telephone # _____

Mailing Address _____

Pastor's Name _____ Telephone # _____

Pastor's Address _____

Name of Chairperson _____ or Representative _____

Chair or Representative's Address _____

Chair or Representative's Telephone # _____ (*circle who's address & #*)

SECTION 2: Auxiliary Activity (since the last council)

Name of Representative attending this council _____

Number of King's Men Meetings or Services held since last council _____

Activities/Events held or attended:

Remarks:

SECTION 3: Money Submitted

(Make check(s) submitted with this blank payable to NYPANE w/ King's Men memo line)

- | | |
|--|----------|
| 1. Love Offering to the King's Men Auxiliary | \$ _____ |
| 2. Love Offering to the King's Men Chairperson | \$ _____ |
| 3. Total Registration | \$ _____ |
| 4. Ways and Means | \$ _____ |
| 5. TOTAL AMOUNT SUBMITTED | \$ _____ |