

# INTRODUCING...

## THE 2009 MACEDONIA BAPTIST CHURCH CENSUS

Please take a moment to read through the following information carefully and complete the form below.

Each Macedonian over the age of eighteen (18) years old is being asked to help us by participating in the very first ever Macedonia Baptist Church Census. According to the internet encyclopedia Wikipedia, a census is the procedure of systematically acquiring and recording information about members of a given population. We want to gather information to update our church records, fine tune church programs, and better assess membership needs as we transition to our new facility.

Our Macedonia Baptist Church 2009 Census is going to not only allow us to update our files making it easier to reach you, we will have valuable demographic informa-

tion and other details about those we serve.

If our 2009 Census effort is going to be a success it will require our entire family cooperate in providing their responses timely. Your 2009 Census form will only take you a few minutes to complete. Once you have completed the form below, detach the form and place it in the white mailbox outside the church office, mail it to the church or place it in an envelope and put it in the offering plate.

*Your response is personal and confidential and will not be sold or disseminated.. It's use is intended for Macedonia Baptist Church (Kansas City MO) Ministry Business only.*

(continued on next page)

DETACH HERE

PLEASE PRINT

MBC2009	LAST	FIRST	MI
NAME			
ADDRESS	STREET/P.O. BOX:		
	CITY	ST	ZIPCODE
PHONE	Number to Call 1st:		Alternate Number:
EMAIL ADDRESS			
YOUR WEB ADDRESS			
EMERGENCY INFO	Name:		
	Phone:		
	Relationship:		
DATE OF BIRTH	DATE YOU JOINED MACEDONIA	PLEASE INDICATE SEX	PLEASE INDICATE ETHNICITY (RACE)
		_____M      _____F	
LIST ANY HEALTH CONCERNS AND/OR DIETARY CONCERNS BELOW			

# OUR 2009 CENSUS FREQUENTLY ASKED QUESTIONS

**Q.** Where can I find the form if I need another one?

**A.** You can download this article from the online *Did You Know* or with other office forms at [www.macedonia-kcmo.org](http://www.macedonia-kcmo.org)

**Q.** What should I list as health/diet concerns?

**A.** Any information you think is pertinent. A few examples that could be listed are, asthma, diabetes, hypertension, pace-maker, food allergies, epilepsy, etc.

**Q.** I have children under 18 years old that have food and/or health concerns. Can I complete a Census form for them?

**A.** No. Our 2009 Census is for Macedonians 18 years and older. Please contact the Youth Ministry to provide any information regarding youth.

**Q.** When is the deadline to turn the form in?

**A.** We are focusing on the 2009 Census during the month of July. Please complete your form and return it as soon as possible.

**Q.** I have a parent that is a member but s confined to home due to health reasons. How will they get a form?

**A.** As a subscriber of our monthly newsletter, Did You Know, you are the first to be introduced to our 2009 Census. Please help us to start passing the word. You can make a copy for your parent, download a copy from the web, or make sure we have a correct address for your parent on file. Our 2009 Census will be done in three phases. The 1<sup>st</sup> phase will be direct contact through our internal communications such as our newsletter, internet, and Sunday bulletin. The 2<sup>nd</sup> phase will be through the mail and the 3<sup>rd</sup> phase will be personal contact through phone/visits. Our goal is t reach most Macedonians during the 1st phase.

**Q.** What is meant by other languages?

**A.** List any languages other than English that you speak and/or read fluently. Also let us know if you know sign language.

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MBC2009	LAST	FIRST
SPOUSE'S NAME		
CHILDREN (UNDER 18 ATTENDING MACEDONIA)	AGE: AGE: AGE:  (Additional space provided below)	
YOUR FIELD OF WORK/ OCCUPATION/TRADE		
SPECIAL SKILLS/TALENTS		
OTHER LANGUAGES		
LIST YOUR SPIRITUAL GIFTS		
LIST YOUR CURRENT MINISTRY INVOLVMENT		
HAVE YOU COMPLETED OUR NEW MEMBERS PROGRAM	HAVE YOU COMPLETED OUR DISCIPLESHIP PROGRAM	HAVE YOU COMPLETED OUR GATEWAY TO MINISTRY PROGRAM
_____Y _____N IF YES WHEN _____	_____Y _____N IF YES WHEN _____	_____Y _____N IF YES WHEN _____
PLEASE CHECK ONE OF THE FOLLOWING:		
<input type="checkbox"/> I am a member under Watch Care	<input type="checkbox"/> I am a member that attends Worship Service at least 40 times per year	
<input type="checkbox"/> I am a member that is studying away at college	<input type="checkbox"/> I am an active member that attends Worship Service less than 40 times per year	
ADDITIONAL SPACE IF NEEDED		