



**Georgia State Council Singles Auxiliary (GSCSA)**

**Church Report**  
*(print clearly)*

Date: \_\_\_\_\_ Pastor: \_\_\_\_\_ Council Month: \_\_\_\_\_

Church Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Local President: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Phone:  Cell:  Home:

February Council Church Report <i>(per church)</i>	\$25.00	_____
June Council Church Report <i>(per church)</i>	\$25.00	_____
National Convention Church Report <i>(per church)</i>	\$25.00	_____
GSCSA State Membership Dues <i>(per single)</i>	\$10.00	_____
International Singles People Auxiliary (ISPA) Annual Membership <i>(per single)</i>	\$35.00	_____
Total reported	_____	_____

Submitted by: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_