

Church of God in Christ, Inc.

First Ecclesiastical Jurisdiction of Southern California

Bishop Joe L. Ealy, Jurisdictional Prelate

1480 Atlantic Ave., Long Beach, CA 90813 | Phone: (562) 599-2830 | Fax: (562) 599-5779 | Email: j1@cogicsocal1.org | Web: www.cogicsocal1.org

JURISDICTIONAL REPORT FORM

SELECT THE REPORT(S) THAT THE ASSESSMENT WILL BE APPLIED TOWARDS:

☐ Worker's Meeting
 ☐ National Assessment
 ☐ State Convocation
 ☐ Fall Report

ASSESSMENT CHART	TITLE	WORKER'S MEETING (JANUARY)	NATIONAL ASSESSMENT (APRIL)	STATE CONVOCATION (JUNE)	FALL REPORT (SEPTEMBER)	MEMBERSHIP ASSESSMENT	AMOUNT DUE
	Jurisdictional Bishop	\$510	\$2,000	\$510	\$510	1000 & Above	\$1,600
	Resident Bishop	\$260	\$1,000	\$260	\$260	500-999	\$1,000
	Auxiliary Bishop	\$260	\$1,000	\$260	\$260	300-499	\$650
	Administrative Assistant	\$190	\$750	\$190	\$190	100-299	\$330
	Superintendent	\$180	\$500	\$180	\$180	50-99	\$165
	Department Head	\$170	\$350	\$170	\$170	50 & Below	\$60
	Pastor	\$130	\$400	\$130	\$130	Membership assessments are due in January, June, and September.	
	Ordained Elder	\$65	\$150	\$65	\$65		
	Minister	\$40	\$50	\$40	\$40		

1. CHURCH INFORMATION (*use member count for membership assessment)

NAME OF CHURCH _____
 CHURCH ADDRESS _____ CITY _____ ZIP _____
 CHURCH PHONE (____) _____ FACSIMILE (____) _____
 EMAIL ADDRESS _____
 WEBSITE _____

*INDICATE THE TOTAL NUMBER OF MEMBERS AT THIS CHURCH _____

NAME OF DISTRICT _____

2. PASTOR'S INFORMATION (if the pastor is not making a report on this form, skip to section 3)

PASTOR'S NAME _____
 HOME ADDRESS _____ CITY _____ ZIP _____
 HOME PHONE (____) _____ CELL PHONE (____) _____
 EMAIL ADDRESS _____
 PASTOR'S TITLE: ☐ Jurisdictional Bishop ☐ Resident/Auxiliary Bishop ☐ Administrative Assistant ☐ Superintendent ☐ Pastor ☐ Department Head

3. ADDITIONAL ASSESSMENTS (for other clergy including Auxiliary Bishops, Department Heads, Elders, and Ministers at the church listed in section 1)

TITLE	LAST NAME	FIRST NAME	HOME ADDRESS + CITY, STATE, & ZIP	PHONE	EMAIL ADDRESS
<input type="checkbox"/> Aux Bishop <input type="checkbox"/> Dept Head <input type="checkbox"/> Elder <input type="checkbox"/> Minister				()	
<input type="checkbox"/> Aux Bishop <input type="checkbox"/> Dept Head <input type="checkbox"/> Elder <input type="checkbox"/> Minister				()	
<input type="checkbox"/> Aux Bishop <input type="checkbox"/> Dept Head <input type="checkbox"/> Elder <input type="checkbox"/> Minister				()	
<input type="checkbox"/> Aux Bishop <input type="checkbox"/> Dept Head <input type="checkbox"/> Elder <input type="checkbox"/> Minister				()	

Membership Assessment: \$ _____
 Pastor's Assessment: \$ _____
 Auxiliary Bishop's Assessment: \$ _____
 Department Head's Assessment: \$ _____
 Elders' Assessment: \$ _____
 Ministers' Assessment: \$ _____
 Upgrades: \$ _____
ENTER TOTAL ASSESSMENT HERE \$ _____

FOR OFFICE USE ONLY:

TOTAL COLLECTED: \$ _____
☐ CASH ☐ MONEY ORDER ☐ CHECK: Check No.: _____
☐ CREDIT CARD: Card Type: _____
 LOVE GIFTS: Bishop: \$ _____ Supervisor: \$ _____
PROCESSOR'S NAME, DATE, AND INITIALS:
 Name: _____
 Date: _____ Initials: _____