



## ANNUAL ASSOCIATE DATA COLLECTION UPDATE

Regional Associate Group Location: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: (Month/Day) \_\_\_\_\_

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

\_\_\_\_\_

Cell # \_\_\_\_\_ Landline Phone #: \_\_\_\_\_

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

\*\* Preferred form of Communication: (Call/Text/Email/WhatsApp) \_\_\_\_\_

Current Status: \_\_\_\_\_ Active Associate \_\_\_\_\_ Extended Associate \_\_\_\_\_ Inquirer

### Emergency Contact Info:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Preferred Meeting Style: \_\_\_\_\_ In-person \_\_\_\_\_ Zoom \_\_\_\_\_ Hybrid

Significant life changes you would like to share, i.e., loss of family member, move, health issue, etc.:

\_\_\_\_\_

Anything else you would like us to know about you or your ministries, skills, gifts, talents, educational experiences, training, etc.

\_\_\_\_\_

\_\_\_\_\_

Any questions for the Associate Co-Directors or suggestions you would like to make that may benefit us as Associates seeking to live out our Mission, Vision, Core Values and FSA Charism:

\_\_\_\_\_

\_\_\_\_\_

Signature

Date