CHURCH OFFICIALS

Fill in ONLY those that apply to your church structure, and ALWAYS INCLUDE EMAIL!

Year: Church:		
TOTAL TENEDRAL	1	
Please include your Lay Member(s) to Annual Conference. Information on Annual Conference is distributed in early Janua	ary!	
•	Lay Member to Annual Conference	
One Per Appointed Clergy & Charge One Per Appointed Clergy & Ch	narge	
Name: Name:		
Address: Address:		
City/Zip: City/Zip:		
Phone: Phone:		
Email: Email:		
Lay Member to Annual Conference Lay Member to Annual Confe	Lay Member to Annual Conference	
One Per Appointed Clergy & Charge One Per Appointed Clergy & Ch	narge	
Name: Name:		
Address: Address:		
City/Zip: City/Zip:		
Phone: Phone:		
Email: Email:		
Lay Member to Annual Conference Lay Member to Annual Confe	erence	
One Per Appointed Clergy & Charge One Per Appointed Clergy & Ch	narge	
Name: Name:		
Address: Address:		
City/Zip: City/Zip:		
Phone: Phone:		
Email: Email:		
Alternate Lay Member to Annual Conference Alternate Lay Member to Annual Conference	nual Conference	
Name: Name:		
Address: Address:		
City/Zip: City/Zip:		
Phone: Phone:		
Email: Email:		
Alternate Lay Member to Annual Conference Day School Director	1	
Name: Name:		
Address: Address:		
City/Zip: City/Zip:		
Phone: Phone:		
Email: Email:		

CHURCH NAME:

Administrative Board/Council Chair	Lay Leader	
Name:	Name:	
Address:	Address:	
City/Zip:	City/Zip:	
Phone:	Phone:	
Email:	Email:	
Pastor Parish Committee Chair	Trustee Chair	
Name:	Name:	
Address:	Address:	
City/Zip:	City/Zip:	
Phone:	Phone:	
Email:	Email:	
Committee On Finance Chair	Treasurer	
Name:	Name:	
Address:	Address:	
City/Zip:	City/Zip:	
Phone:	Phone:	
Email:	Email:	
Finance Contact (to send apportionment statements to)	Disaster Relief Contact	
Name:	Name:	
Address:	Address:	
City/Zip:	City/Zip:	
Phone:	Phone:	
Email:	Email:	
Missions Chair	Director of Missions/Outreach (Paid Staff)	
Name:	Name:	
Address:	Address:	
City/Zip:	City/Zip:	
Phone:	Phone:	
Email:	Email:	
UMW or Women's Ministry Contact	UMM or Men's Ministry Contact	
Name:	Name:	
Address:	Address:	
City/Zip:	City/Zip:	
Phone:	Phone:	
Email:	Email:	
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CHURCH NAME:

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Youth Ministries Coordinator (Adult Volunteer)	Young Adult Ministries Coordina	ator	
Name:	Name:		
Address:	Address:		
City/Zip:	City/Zip:		
Phone:	Phone:		
Email:	Email:		
Youth Ministries (Paid Staff)	Adult Ministries Coordinator	Adult Ministries Coordinator	
Name:	Name:		
Address:	Address:		
City/Zip:	City/Zip:		
Phone:	Phone:		
Email:	Email:		
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Children's Ministries Coordinator	Senior Adult Ministries Coordina	ator	
Name:	Name:		
Address:	Address:		
City/Zip:	City/Zip:		
Phone:	Phone:		
Email:	Email:		
Special Needs Ministry Coordinator	Christian Education Coordinator	r	
Name:	Name:		
Address:	Address:		
City/Zip:	City/Zip:		
Phone:	Phone:		
Email:	Email:		
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Employed Church Secretary/Administrative Asst.	Director of Worship/Music Minis	try	
Name:	Name:		
Address:	Address:		
City/Zip:	City/Zip:		
Phone:	Phone:		
Email:	Email:		
COSROW Representative	Restorative Justice Contact		
Name:	Name:		
Address:	Address:		
City/Zip:	City/Zip:		
Phone:	Phone:		
Email:	Email:		
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