

CHURCH OFFICIALS

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

**If your church has the One Board Model, please identify the "point person" for each area.*

Year:	
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Church Name:	
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Lay Member to Annual Conference	
One Per Appointed Clergy & Charge	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Lay Member to Annual Conference	
One Per Appointed Clergy & Charge	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Lay Member to Annual Conference	
One Per Appointed Clergy & Charge	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Lay Member to Annual Conference	
One Per Appointed Clergy & Charge	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Lay Member to Annual Conference	
One Per Appointed Clergy & Charge	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Alternate Lay Member to Annual Conference	
One Per Appointed Clergy & Charge	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Alternate Lay Member to Annual Conference	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Alternate Lay Member to Annual Conference	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Alternate Lay Member to Annual Conference	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Alternate Lay Member to Annual Conference	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

CHURCH NAME:

*Administrative Board/Council Chair	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Lay Leader	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

*Pastor Parish Committee Chair	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Trustee Chair	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

*Committee On Finance Chair	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Treasurer	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Finance Contact (to send apportionment statements to)	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Council On Ministries Chair	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

*Missions Chair	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Director of Missions/Outreach (Paid Staff)	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Women's Ministry Contact	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Men's Ministry Contact	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

CHURCH NAME:

Student Ministries Coordinator (Adult Volunteer)	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Young Adult Ministries Coordinator	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Student Ministries (Paid Staff)	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Mature Adult Ministries Coordinator	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Children's Ministries Coordinator	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Disaster Relief Contact	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Special Needs Ministry Coordinator	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Adult Education	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Employed Church Secretary/Administrative Asst.	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Director of Worship/Music Ministry	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

COSROW Representative	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	

Restorative Justice Contact	
Name:	
Address:	
City/Zip:	
Phone:	
Email:	