

2017 CHURCH OFFICIALS (Fill in ONLY those that apply in your church structure.) Always Include E-MAIL

Church City: _____ **Church Name:** _____

Administrative Board/Council Chair

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

Lay Leader

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

**Lay Member to Annual Conference
One Per Appointed Clergy & Charge**

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

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One Per Appointed Clergy & Charge**

Name: _____
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**Lay Member to Annual Conference
One Per Appointed Clergy & Charge
(List additional on back)**

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

**Lay Member to Annual Conference
One Per Appointed Clergy & Charge
(List additional on back)**

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

Alternates (List additional on back)

Alternate Lay Member to Annual Conference

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

Alternate Lay Member to Annual Conference

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

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Name: _____
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Church City: _____ **Church Name:** _____

Alternate Lay Member to Annual Conference

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Alternate Lay Member to Annual Conference

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

Church City: _____ **Church Name:** _____

Pastor Parish Committee Chair

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

Treasurer

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

Council On Ministries Chair

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

Trustee Chair

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

Committee On Finance

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

Financial Secretary

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

Employed Church Secretary (Additional on back)

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

Recording Secretary

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

Church School Superintendent

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

Education Chair

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

U M W President

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

U M M President

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

Church City: _____ **Church Name:** _____

Youth Ministries Coordinator (Adult Volunteer)

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

Youth U M Y F Leader (Senior High Student)

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

Youth Ministries (Paid Staff)

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

Young Adult Ministries Coordinator

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

Evangelism Chair

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

Missions Chair

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

Stewardship Chair

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

Worship Chair

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

Adult Ministries Coordinator

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

Children's Ministries Coordinator

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

Family Ministries Coordinator

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

Mature Adult Ministries Coordinator

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

Church City: _____ **Church Name:** _____

Single Adult Ministries Coordinator

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

Alcohol and Drug Abuse Representative

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

Archives and History Representative

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

Christian Unity Representative

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

Second Mile Club Coordinator

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

Native American Representative

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

Church and Society Representative

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

Criminal Justice and Mercy Ministries

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

Communications Representative

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

COSROW Representative

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

Health and Welfare Representative

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

Religion and Race Representative

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

Church City: _____ **Church Name:** _____

Spiritual Formation Representative

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

Choir Director

Name: _____
Address: _____
City/Zip: _____
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Organist

Name: _____
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Church City: _____ Church Name: _____

Certified Lay Speaker

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Certified Lay Speaker

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Certified Lay Speaker (List additional on back)

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Certified Lay Speaker (List additional on back)

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