LOCAL CHURCH OFFICIALS LIST

_____ (insert Charge Conference yr.)

CHURCH INFORMATION

NOTE: Please provide an address/phone/email that are unique to the church and are not the pastor's or other church member's.

Church name			
Mailing address			
City	State		Zip
Physical address			
City	State		Zip
Phone ()		Fax ()	
Email		Website	
Pastor(s)	STOR IN	NFORMATION	

PAID CHURCH STAFF

(Please list all full and part-time church staff and their job title)

Name	Job Title	Email Address

VOLUNTEER/NON-PAID CHURCH POSITIONS

1. LAY LEADER			
Name:			
Address:			
City:	State/Zip:		
Phone: ()		Email:	
2. CHAIR, CHURCH/ADMII	NISTRATIV	E COUNCIL	
Name:			
Address:			
City:	State/Zip:		
Phone: ()		Email:	
3. CHAIR, PASTOR/STAFF	-PARISH I	RELATIONS	
Name:			
Address:			
City:	State/Zip:		
Phone: ()		Email:	
4. CHAIR, BOARD OF TRUSTEES			
Name:			
Address:			
City:	State/Zip:		
Phone: ()		Email:	
5. CHAIR, COMMITTEE ON	FINANCE		
Name:			
Address:			
City:	State/Zip:		
Phone: ()		Email:	

6. LAY MEMBER OF ANNU	JAL CONF	ERENCE (one per full-time clergy)
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
7. LAY MEMBER OF ANNU	JAL CONF	ERENCE (if applicable)
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
8. LAY MEMBER OF ANNU	JAL CONF	ERENCE (if applicable)
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
9. ALTERNATE LAY MEMI	BER OF AN	NNUAL CONFERENCE
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
10. ALTERNATE LAY MEN	MBER OF A	ANNUAL CONFERENCE
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
11. COORDINATOR, CHIL	DREN'S MI	INISTRY
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:

12. COORDINATOR, YOU	TH MINIST	RY
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
13. COORDINATOR, YOU	NG ADULT	MINISTRY
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
14. COORDINATOR, ADUI	LT MINISTF	RY
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
15. COORDINATOR, OLDE	ER ADULT	MINISTRY
Name:		
Address:		
Address: City:	State/Zip:	
	State/Zip:	Email:
City:	· .	
City: Phone: ()	· .	
City: Phone: () 16. COORDINATOR, FAMI	· .	
City: Phone: () 16. COORDINATOR, FAMI Name:	· .	
City: Phone: () 16. COORDINATOR, FAMI Name: Address:	LY MINIST	
City: Phone: () 16. COORDINATOR, FAMI Name: Address: City:	LY MINIST State/Zip:	RY Email:
City: Phone: () 16. COORDINATOR, FAMI Name: Address: City: Phone: ()	LY MINIST State/Zip:	RY Email:
City: Phone: () 16. COORDINATOR, FAMI Name: Address: City: Phone: () 17. COORDINATOR, SING	LY MINIST State/Zip:	RY Email:
City: Phone: () 16. COORDINATOR, FAMI Name: Address: City: Phone: () 17. COORDINATOR, SING Name:	LY MINIST State/Zip:	RY Email:

18. COORDINATOR, CHR	ISTIAN EDU	JCATION WORK AREA
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
19. COORDINATOR, WOR	SHIP WOR	K AREA
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
20. COORDINATOR, STEV	VARDSHIP	WORK AREA
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
21. COORDINATOR, HIGH	IER EDUCA	TION/CAMDIIS MINISTRY
ZII. OOOKDINATOK, IIIOI		TION/CAMIFUS MINISTRI
Name:	ILK LDOOP	ATION/CAMIFOS MINISTAT
	ILK EDOGP	ATION/CAMIFOS MINISTRI
Name:	State/Zip:	ATION/GAMIFUS MINISTRI
Name: Address:	1	Email:
Name: Address: City:	State/Zip:	Email:
Name: Address: City: Phone: ()	State/Zip:	Email:
Name: Address: City: Phone: () 22. MCMURRY UNIVERSIT	State/Zip:	Email:
Name: Address: City: Phone: () 22. MCMURRY UNIVERSITE Name:	State/Zip:	Email:
Name: Address: City: Phone: () 22. MCMURRY UNIVERSITE Name: Address:	State/Zip:	Email:
Name: Address: City: Phone: () 22. MCMURRY UNIVERSITE Name: Address: City:	State/Zip: TY AMBAS State/Zip:	Email: Email:
Name: Address: City: Phone: () 22. MCMURRY UNIVERSITE Name: Address: City: Phone: ()	State/Zip: TY AMBAS State/Zip:	Email: Email:
Name: Address: City: Phone: () 22. MCMURRY UNIVERSITE Name: Address: City: Phone: () 23. COORDINATOR, NUR	State/Zip: TY AMBAS State/Zip:	Email: Email:
Name: Address: City: Phone: () 22. MCMURRY UNIVERSITE Name: Address: City: Phone: () 23. COORDINATOR, NURY Name:	State/Zip: TY AMBAS State/Zip:	Email: Email:

24. COORDINATOR, OUT	REACH MIN	NISTRY
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
25. COORDINATOR, CHRI	STIAN CAI	MPING
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
26. COORDINATOR, MISS	IONS WOR	RK AREA
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
27. COORDINATOR, EVAN	NGELISM V	VORK AREA
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
28. CHURCH TREASURER	R (please e	enter the Church Address only!!)
Name:		
Church Address:		
City:	State/Zip:	
Phone: ()		Email:
29. CHAIR, SOCIAL CONC	ERNS	
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:

30. CHURCH HISTORIAN		
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
31. MUSIC MINISTRY		
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
32. PRESIDENT, UNITED I	METHODIS	T MEN
Name:		
Address:		
City:	State/Zip:	
Phone: ()		Email:
33. PRESIDENT, UNITED I	METHODIS	T YOUTH
33. PRESIDENT, UNITED I	METHODIS	T YOUTH
	METHODIS	T YOUTH
Name:	State/Zip:	T YOUTH
Name: Address:	1	T YOUTH Email:
Name: Address: City:	State/Zip:	Email:
Name: Address: City: Phone: ()	State/Zip:	Email:
Name: Address: City: Phone: () 34. PRESIDENT, UNITED I	State/Zip:	Email:
Name: Address: City: Phone: () 34. PRESIDENT, UNITED I Name:	State/Zip:	Email:
Name: Address: City: Phone: () 34. PRESIDENT, UNITED I Name: Address:	State/Zip:	Email:
Name: Address: City: Phone: () 34. PRESIDENT, UNITED I Name: Address: City:	State/Zip:	Email: T WOMEN
Name: Address: City: Phone: () 34. PRESIDENT, UNITED I Name: Address: City: Phone: ()	State/Zip:	Email: T WOMEN
Name: Address: City: Phone: () 34. PRESIDENT, UNITED I Name: Address: City: Phone: () 35. OTHER (e.g. Grace, In	State/Zip:	Email: T WOMEN
Name: Address: City: Phone: () 34. PRESIDENT, UNITED I Name: Address: City: Phone: () 35. OTHER (e.g. Grace, In Name:	State/Zip:	Email: T WOMEN