

# 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 INFORMATION

Pastor(s)



## VOLUNTEER/NON-PAID CHURCH POSITIONS

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

<b>6. LAY MEMBER OF ANNUAL CONFERENCE (one per full-time clergy)</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>7. LAY MEMBER OF ANNUAL CONFERENCE (if applicable)</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>8. LAY MEMBER OF ANNUAL CONFERENCE (if applicable)</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>9. ALTERNATE LAY MEMBER OF ANNUAL CONFERENCE</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>10. ALTERNATE LAY MEMBER OF ANNUAL CONFERENCE</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>11. COORDINATOR, CHILDREN'S MINISTRY</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	

<b>12. COORDINATOR, YOUTH MINISTRY</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>13. COORDINATOR, YOUNG ADULT MINISTRY</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>14. COORDINATOR, ADULT MINISTRY</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>15. COORDINATOR, OLDER ADULT MINISTRY</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>16. COORDINATOR, FAMILY MINISTRY</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>17. COORDINATOR, SINGLES MINISTRY</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	

<b>18. COORDINATOR, CHRISTIAN EDUCATION WORK AREA</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>19. COORDINATOR, WORSHIP WORK AREA</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>20. COORDINATOR, STEWARDSHIP WORK AREA</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>21. COORDINATOR, HIGHER EDUCATION/CAMPUS MINISTRY</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>22. MCMURRY UNIVERSITY AMBASSADOR</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>23. COORDINATOR, NURTURE AND MEMBERSHIP CARE</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	

<b>24. COORDINATOR, OUTREACH MINISTRY</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>25. COORDINATOR, CHRISTIAN CAMPING</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>26. COORDINATOR, MISSIONS WORK AREA</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>27. COORDINATOR, EVANGELISM WORK AREA</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>28. CHURCH TREASURER (please enter the Church Address only!!)</b>			
Name:			
Church Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>29. CHAIR, SOCIAL CONCERNS</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	

<b>30. CHURCH HISTORIAN</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>31. MUSIC MINISTRY</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>32. PRESIDENT, UNITED METHODIST MEN</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>33. PRESIDENT, UNITED METHODIST YOUTH</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>34. PRESIDENT, UNITED METHODIST WOMEN</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	
<b>35. OTHER (e.g. Grace, Inc.)</b>			
Name:			
Address:			
City:		State/Zip:	
Phone: (     )		Email:	