# LOCAL CHURCH OFFICIALS LIST

**\_\_\_\_\_\_\_\_\_\_\_ (insert Charge Conference yr.)**

**CHURCH INFORMATION**

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| Church name       |
| Mailing address        |
| City        | State       | Zip        |
| Phone (     )       | Fax (     )        |
| Email        | Website       |

### PASTOR INFORMATION

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| Pastor(s) name, home address, email, phone number: |
|       |
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**Does your church operate under the one board model? If yes, please list your board members here.**

 **Name Email Phone Number**

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**VOLUNTEER/NON-PAID CHURCH POSITIONS**

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| **1. LAY LEADER** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:       |
| **2. CHAIR, CHURCH/ADMINISTRATIVE COUNCIL** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:       |
| **3. CHAIR, PASTOR/STAFF-PARISH RELATIONS** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:       |
| **4. CHAIR, BOARD OF TRUSTEES** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:       |
| **5. CHAIR, COMMITTEE ON FINANCE** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:  |
| **6. CHURCH TREASURER** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:  |
| **7. LAY MEMBER OF ANNUAL CONFERENCE** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:  |
| **8. LAY MEMBER OF ANNUAL CONFERENCE (if applicable)** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:  |

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| **9. LAY MEMBER OF ANNUAL CONFERENCE (if applicable)** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:       |
| **10. ALTERNATE LAY MEMBER OF ANNUAL CONFERENCE**  |
| Name:       |
| Address:       |
| Phone: (     )       | Email:       |
| **11. ALTERNATE LAY MEMBER OF ANNUAL CONFERENCE** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:       |
| **12. CHURCH HISTORIAN** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:       |
| **13. UNITED WOMEN IN FAITH REPRESENTATIVE** |
| Name:       |
| Address:       |
| Phone: (     )       | Email:       |
| **14. UNITED METHODIST MEN REPRESENTATIVE** |
| Name: |
| Address: |
| Phone: ( )  | Email: |
|  **15. BOOKKEEPER** |
| Name: |
| Address: |
| Phone: ( )  | Email: |

**PLEASE LIST ANY OTHER CHURCH LEADERSHIP HERE**

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| **NAME** | **JOB TITLE** | **EMAIL ADDRESS** |
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**PLEASE LIST ALL FULL AND PART-TIME PAID CHURCH STAFF**

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