

REPORT OF CHURCH OFFICERS

Conference Code 17

Church Number _____

(Church name, City and State)

Position/Title	Name of Officer(s)	Address	Phone Number (xxx) xxx-xxxx	E-mail Address	Length of Term:from-to
Moderator or President					
Clerk					
Treasurer					
Council President					
Chair Deacons/Trustees/ Elders					
Media Coordinator (Newsletter, etc.)					
Chair Christian Education					
Church School Superintendent					
Youth Advisor					
Chair Women's League					
Chair Men's League					
Chair Social Action					
Chair Stewardship Com.					

	Name	Address	Phone	Email	Term
Chair Evangelism Com.					
Chair Mission Com.					
Historian					
Other (specify office or position)					
Other (specify office or position)					
Other (specify office or position)					
Other (specify office or position)					

This report completed by:

(Name and Title)