

2020 CHURCH DATA FORM

(Please type or print.)

Church Name _____ (If First Church, list city.)

Address _____ City _____ State _____ Zip _____

Phone # (____) _____ Fax # (____) _____

E-Mail _____ Website _____

Does your church have a cemetery? G Yes G No

Does your church have a columbarium? G Yes G No

Church Secretary

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Church Disbursing Treasurer

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Christian Education

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Clerk of Session

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Youth Advisor

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Does the Session have a Youth Elder? G Yes G No If so, please provide:

Name _____ Age _____ Preferred Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

2020 CHURCH DATA FORM
(cont.)

Church _____ City _____

Mission/Outreach

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State ____ Zip _____

Email Address _____

Peacemaking

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State ____ Zip _____

Email Address _____

Earth Care

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State ____ Zip _____

Email Address _____

Hunger

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State ____ Zip _____

Email Address _____

Stewardship

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State ____ Zip _____

Email Address _____

Evangelism

Name _____ Preferred Phone: (____) _____

Address _____ City _____ State ____ Zip _____

Email Address _____

SESSION MEMBERSHIP

Church _____ City _____

Please mark an asterisk (*) beside any address changes. If you completed last year's form, simply fill out the new class (2021), noting any newly elected members filling unexpired terms on the bottom of the page.

Class of 2020

Name (Indicate Dr./Mr./Mrs./Ms.)	Address (Street/City/State/Zip)	Preferred Phone (Indicate Day/Evening)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Class of 2021

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Class of 2022

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Newly Elected Members - Indicate Class (Elected since January 2019 to fill unexpired terms.)
