

Please fill in the ministries that are applicable for your church. Write N/A if NOT Applicable.

2017-2018 Church Officers

Due in Office by: _____ If there are any questions on this report, please contact the Nominating Committee Chair: _____ @ _____.

Church: _____ Street Address: _____ Zip: _____

If Mailing Address is different than above, fill in Mailing Address: _____ Zip: _____

Church Phone Number: _____ Fax Number: _____ E-Mail: _____

Web Address: _____ Time of Services: Sabbath School: _____ AM/PM Worship Service: _____ AM/PM

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>ZIP</u>	<u>TELEPHONE</u>
Head Elder	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____
Clerk	_____	_____	_____	_____
Head Deacon	_____	_____	_____	_____
Head Deaconess	_____	_____	_____	_____
Safety Officer	_____	_____	_____	_____
Sabb. Sch. Superintendent	_____	_____	_____	_____
Investment Leader	_____	_____	_____	_____
VBS Leader	_____	_____	_____	_____
Pathfinder Director	_____	_____	_____	_____
Adventurer Director	_____	_____	_____	_____
Communication Secretary	_____	_____	_____	_____
Disaster. Response Coor.	_____	_____	_____	_____
Community Ser. Dir.	_____	_____	_____	_____
Religious Liberty Director	_____	_____	_____	_____
Health Leader	_____	_____	_____	_____
Women' Min. Coordinator	_____	_____	_____	_____
Men's Ministry Coordinator	_____	_____	_____	_____

Stewardship Secretary				
Prison Min. Coordinator				
Home & School Leader				
School Board Chair				
School Treasurer				
(Other:)				
(Other:)				
(Other:)				
(Other:)				

IF THE CHURCH OFFICER IS A WOMAN, PLEASE INDICATE WITH A “MISS” OR A “MRS.”