

CHURCH DIRECTORY

CHURCH: _____ (Organized) Church # 090-

Location: _____

Phone: _____

Mailing Address (if different than above): _____

Web address: _____

Email: _____

Pastor: _____

Full Name (Spouse) Address, City, State, Zip, Phone 000-000-0000

Email: _____

[Review Date:](#) _____

New Church-Type Mission sponsorship this year? Yes No

Assigned Position	Last name, First name	Full Home Address	Email	Phone Number
Assoc. Pastor				
Assoc. Pastor				
Assoc. Pastor				
Assoc. Pastor				
NMI Pres.				
NYI Pres.				
SDMI Supt.				
Music Dir.				
Chr. Ed. (Dir/Min)				
Childcare/School (Dir./Principal)				
Children's Min. Dir.				
Prime Time Dir.				
Adult Min. Dir.				
Youth Leader				
Single Adult Min. Dir.				
Men's Min. Dir.				
Women's Min. Dir.				
Work & Witness Coord.				
CLT Dir.				
Office Secretary				
Church Board Sec.				
Church Treas.				

