



2017 ANNUAL CHURCH CONFERENCE INFORMATION

Report for _____ *Evangelical Methodist Church*
(Complete Name of Church) *Form M1005*

Please mark which address to send all mail: Church Address Home Address

Church Address _____
Street City State ZIP

Church Phone _____ Email _____ FAX _____

Pastor's Name _____ Birth _____ Spouse _____ Birth _____
Date _____ Date _____

Children living at Home (names and ages) _____

Home Address _____
Street City State ZIP

Home Phone _____ Email _____

Officers of the church elected for 2017:

Board of Stewards:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. Chm. _____		
2. Vice Chm. _____		
3. Sec. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Board of Trustees: (Name and Phone only)

1. Chm. _____	Phone _____
2. Vice Chm. _____	Phone _____
3. Sec. _____	Phone _____

Church Treasurer: _____
Name Address City/State/ZIP Phone

Chairman Pastoral Relations: _____
Name Address City/State/ZIP Phone

Evangelism Chairman: _____
Name Address City/State/ZIP Phone

Sunday School Supt.: _____
Name Address City/State/ZIP Phone

Christian Education Chairman: _____
Name Address City/State/ZIP Phone

Missions Committee Chairman: _____
Name Address City/State/ZIP Phone

President EMM: _____
Name Address City/State/ZIP Phone

President EMW: _____
Name Address City/State/ZIP Phone

