

2015 CONGREGATIONAL REGISTER

Date Submitted: _____ **Cong. I.D. #** _____

Congregation Name: _____

Office Phone: _____ **Office Fax:** _____

Physical Address: _____

Mailing Address: _____

Congregation E-Mail: _____

Congregation Website: _____

STAFF POSITIONS

POSITION	NAME	E-MAIL	TELEPHONE	
Pastor			H: O:	
Pastor			H: O:	
Associate in Ministry			H: O:	
Diaconal Minister			H: O:	
Office Secretary			H: O:	
Business Administrator			H: O:	
Director of Education			H: O:	
Director of Youth			H: O:	
Director of Music			H: O:	
Organist			H: O:	
<i>Other staff not listed above:</i>				
			H: O:	
			H:	

			O:	
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ELECTED / VOLUNTEER LEADERSHIP

POSITION	NAME	E-MAIL	TELEPHONE	
Congregation President			H: O:	
Congregation Secretary			H: O:	
Congregation Treasurer			H: O:	

POSITION	NAME	E-MAIL	TELEPHONE	
Women's Group			H: O:	
LYO President			H: O:	
Men's Group			H: O:	
Stewardship			H: O:	
Worship			H: O:	
Education			H: O:	
Evangelism			H: O:	
Outreach			H: O:	
Hunger			H: O:	
Youth Group Adult Leader			H: O:	
Companion Congregation			H: O:	
<i>Other Leadership not listed above:</i>				
			H:	
			O:	

			H:	
			O:	
			H:	
			O:	
			H:	
			O:	

Date of Annual Meeting:

Other Comments:

Questions? Call 712-732-4968 or e-mail Angie @ angie.lawson@wisynod.org

Please **mail** completed form to:

Western Iowa Synod, 318 E 5th St, Storm Lake, IA 50588

Or email to angie.lawson@wisynod.org

Thank you!

