



CHAIRPERSON CONTACT INFORMATION REPORT FOR 2018 LOCAL CHURCH OFFICIALS MISSOURI CONFERENCE OF THE UNITED METHODIST CHURCH

Church: _____ Conference Church #: _____ District: Choose a District

Position	Previous Person	New Person	Mailing Address	Email Address	Best Contact Number
Admin. Assistant (paid/volunteer)					<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Adult Worker w/ Youth (paid/volunteer)					<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Church Council Chair					<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Finance Chair					<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Lay Leader					<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Lay Member to Annual Conference					<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Alternative Lay Member to AC					<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Pastor Parish Relations Chair					<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Treasurer					<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Trustee Representative					<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

****NOTE: Email is the preferred method for conference/district communication – please list when possible.**

Person Completing the Form – please print and sign your name below:

Print Name: _____

Signature: _____

Date Signed