

Date

30

2011 Congregational Officer's Information Form

Lutheran Church–Canada, East District

CONGREGATION: (name and address)

Web:

Email:

Phone:

Fax:

PASTOR(s):

Name: _____

Address: _____

Phone: _____

Email: _____

PASTOR(s):

Name: _____

Address: _____

Phone: _____

Email: _____

PARISH STAFF:

Church Workers: Position: SECRETARY

Name: _____

Address: _____

Phone: _____ Email: _____

OTHER WORKER(s): Position: _____

Name: _____

Address: _____

Phone: _____

Email: _____

OTHER WORKER(s): Position: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Lay Delegate:

Name: _____

Address: _____

Phone: _____

Email: _____

Alternate Delegate:

Name: _____

Address: _____

Phone: _____

Email: _____

District Liaison: Same as lay delegate ___ or Name: _____

Address: _____ Phone: _____

Email: _____

Return by Jan. 31, 2011 to LCC, East District, 275 Lawrence Ave., Kitchener, ON N2M 1Y3

CONGREGATIONAL OFFICERS: # 30

Chairman / President: Term Expiry: _____
Name: _____
Address: _____
Phone: _____ Email: _____

Treasurer: Term Expiry: _____
Name: _____
Address: _____
Phone: _____ Email: _____

Board of Elders Contact: Term Expiry: _____
Name: _____
Address: _____
Phone: _____ Email: _____

Church Properties Contact (Trustee 1): Term Expiry: _____
Name: _____
Address: _____
Tel: _____ Email: _____

Church Properties Contact (Trustee 2): Term Expiry: _____
Name: _____
Address: _____
Tel: _____ Email: _____

Church Properties Contact (Trustee 3): Term Expiry: _____
Name: _____
Address: _____
Tel: _____ Email: _____

CEF Representative: Term Expiry: _____
Name: _____
Address: _____
Tel: _____ Email: _____

Youth Group Representative: Term Expiry: _____
Name: _____
Address: _____
Phone: _____ Email: _____

Sunday School Superintendent: Term Expiry: _____
Name: _____
Address: _____
Phone: _____ Email: _____