

CONGREGATIONAL LEADERSHIP FORM

Include term dates (month and year) and all email addresses as email is our primary source of correspondence. These leaders of the church will be added to our regional monthly newsletter.

Mail form to: CCNC, PO Box 1568, Wilson, NC 27894 or scan and email to lisa@ncdisciples.org

CURRENT CONGREGATIONAL LEADERS

(Please **print** and write **legibly** and **send this in annually.**)

Church Name _____

Church Mailing Address _____

Church Location Address (if different from mailing address) _____

City/State/Zip _____

Church Email Address _____

Pastor _____

CHURCH BOARD CHAIRPERSON

Name _____

Address _____

City/State/Zip _____

Primary Phone(_____) _____ Is this a cell number? ____

Email _____

Date Term **Begins** (month/year) _____ Date Term **Ends** (month/year) _____

Name of outgoing Church Board Chairperson _____

DISCIPLES MEN/CMF PRESIDENT

Name _____

Address _____

City/State/Zip _____

Primary Phone(_____) _____ Is this a cell number? ____

Email _____

Date Term **Begins** (month/year) _____ Date Term **Ends** (month/year) _____

Name of outgoing President _____

DISCIPLES WOMEN/CWF PRESIDENT

Name _____

Address _____

City/State/Zip _____

Primary Phone(_____) _____ Is this a cell number? ____

Email _____

Date Term **Begins** (month/year) _____ Date Term **Ends** (month/year) _____

Name of outgoing President _____