

Annual Congregational Information Form

The Presbytery of Wabash Valley only uses congregational contact information for the presbytery directory and communications.

PLEASE COMPLETE THIS ELECTRONIC FILLABLE FORM AND RETURN BEFORE OR ON JANUARY 19, 2017

*by downloading and saving the form then complete the form, save and email to vicki@ourpresbytery.org.
Questions please call Vicki at 574-223-5678 Monday thru Thursday.*

CHURCH NAME _____

Church Location Address _____

Church Mailing Address _____

Church Phone Number: _____ Fax Number: _____

Church Office Hours: _____ Session Meeting Date & Time: _____

Website Address: _____ Email Address: _____

Email Address: (a member to receive notices, if church does not have its own account) _____

Worship Time(s): _____ Date Church was Established: _____

Please select from drop down box to complete applicable position:

Name: _____ Spouse: _____

Home Address: _____

Mailing Address: _____

Preferred Phone: _____ Secondary Phone: _____ Cell Phone: _____

Email Address: _____

Please select from drop down box to complete applicable position:

Name: _____ Spouse: _____

Home Address: _____

Mailing Address: _____

Preferred Phone: _____ Secondary Phone: _____ Cell Phone: _____

Email Address: _____

Please select from drop down box to complete applicable position:

Name: _____ Spouse: _____

Home Address: _____

Mailing Address: _____

Preferred Phone: _____ Secondary Phone: _____ Cell Phone: _____

Email Address: _____

Please complete as many forms as needed, listing all who serve your congregation or who may wish to serve the greater church through the presbytery or synod in a leadership role.

Thank you!

Please select from drop down box to complete applicable position:

Name: _____ *Spouse:* _____
Home Address: _____
Mailing Address: _____
Preferred Phone: _____ Secondary Phone: _____ Cell Phone: _____
Email Address: _____

Please select from drop down box to complete applicable position:

Name: _____ *Spouse:* _____
Home Address: _____
Mailing Address: _____
Preferred Phone: _____ Secondary Phone: _____ Cell Phone: _____
Email Address: _____

Please select from drop down box to complete applicable position:

Name: _____ *Spouse:* _____
Home Address: _____
Mailing Address: _____
Preferred Phone: _____ Secondary Phone: _____ Cell Phone: _____
Email Address: _____

Please select from drop down box to complete applicable position:

Name: _____ *Spouse:* _____
Home Address: _____
Mailing Address: _____
Preferred Phone: _____ Secondary Phone: _____ Cell Phone: _____
Email Address: _____

Please select from drop down box to complete applicable position:

Name: _____ *Spouse:* _____
Home Address: _____
Mailing Address: _____
Preferred Phone: _____ Secondary Phone: _____ Cell Phone: _____
Email Address: _____

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Please select from drop down box to complete applicable position:

Name: _____ Spouse: _____
Home Address: _____
Mailing Address: _____
Preferred Phone: _____ Secondary Phone: _____ Cell Phone: _____
Email Address: _____

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