

CHURCH OFFICER LIST

Church _____ Beginning Date ____/____/____ until ____/____/____

Street Address of Church _____

City _____ Zip _____ Web Address _____

Mailing Address of Church _____

City _____ Zip _____ Church e-mail _____

Time SS Begins _____ Time Church Begins _____ Prayer Meeting Day/Time _____

Church Phone Number _____ Church Fax Number _____

Church Secretary _____ Office Hours/Days _____

Amount of Bulletin Inserts Needed _____. *If available, please give a street address & not a PO Box for the person receiving the Bulletin Inserts, as we use UPS for these mailings, where possible.*

PASTOR (Give address where Pastor prefers mail delivered)

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

CLERK

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

ASSOCIATE PASTOR

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

COMMUNICATION SECRETARY

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

HEAD ELDER OR COMPANY LEADER

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

COMMUNITY SERVICES DIRECTOR

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

ADVENTIST DISASTER RELIEF

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

HEALTH/TEMPERANCE SECRETARY

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

BULLETIN INSERT SECRETARY

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

INTEREST COORDINATOR

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

MEN'S MINISTRIES

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

SENIOR CITIZEN'S MINISTRIES LEADER

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

PATHFINDER DIRECTOR

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

SINGLES LEADER

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

PERSONAL MINISTRIES LEADER

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

STEWARDSHIP DIRECTOR

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

PRAYER MINISTRIES LEADER

Na _____
Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

TREASURER

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

RELIGIOUS LIBERTY/PARL

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

WOMEN'S MINISTRIES LEADER

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

SABBATH SCHOOL SECRETARY

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

YOUTH LEADER

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

SABBATH SCHOOL SUPERINTENDENT

Name _____
Street _____
City _____ Zip _____
Phone() _____ (circle one) cell/home
e-mail _____

Please return this form to:

**Office of the Executive Secretary
Central California Conference
PO Box 770
Clovis, CA 93613
FAX: 559-347-3082**