

Date

30

2016 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: _____

Chairman / President: Term: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Treasurer: Term: _____

Name: _____

Address: _____

Phone: _____

Email: _____

**Return to: LCC, East District, 275 Lawrence Ave., Kitchener, ON N2M 1Y3
Email: info@lcc east.ca**

CONGREGATIONAL OFFICERS: # 30

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

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

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

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

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

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

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