



Great Lakes Regional Pastors & Staff

Information Form

Please return to the Regional Office on or before November 14, 2011. We need this information to update our records as soon as possible.*

Pastor & Spouse's Name: _____

Name of Church: _____ Length of Tenure at Present Church: _____

Home Address: _____ Church Address: _____

Home Phone: _____ Church Phone: _____

Church Fax #: _____

Personal E-mail Address: _____ Church E-mail Address: _____

Birthdays:

Pastor: _____ (Month/Day/Year) Companion's Name & Birthdate: _____ (Month/Day/Year)

Anniversary: _____ (Month/Day/Year)

Children's Name(s) (still living at home) & Birthdate:

Pastor Booster:

Name: _____

Address: _____

Phone Number: _____

Church Treasurer:

Name: _____

Address: _____

Phone Number: _____

Weekly Church Service Schedule

Sunday Morning:

Sunday School: _____ (Time of Service)

Morning Worship: _____ (Time of Service)

Sunday Evening: _____ (Time of Service)

Wednesday Evening: _____ (Time of Service)

Other: _____ (Time of Service)



*If you do not have services on any of these times, please indicate "no service."

PLEASE REMIT TO: Great Lakes Regional Office, Karen Harper, Office Administrator, P.O. Box 1697, Southgate, MI 48195