

Congregation Officers

DATE OF ELECTION: _____ NEPS # _____

CONGREGATION: _____ ELCA # _____

PHONE NUMBER: _____ COUNTY: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PASTOR: _____

PARSONAGE: YES NO

PARSONAGE ADDRESS: _____

CHURCH ADMINISTRATOR: _____

COUNCIL PRESIDENT

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

COUNCIL VICE PRESIDENT

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

COUNCIL SECRETARY

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

COUNCIL TREASURER

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

COUNCIL FINANCIAL SECRETARY

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

*Please return this form to the synod office (2354 Grove Road, Allentown, PA 18109 or info@nepsynod.org)
A.S.A.P. after your election of officers.*

A yearly update of this form is very helpful and important to us at the Synod Office. Thank you.