EVANGELICAL LUTHERAN CHURCH IN CANADA **FORM A0**

CONGREGATIONAL REPORT

CONGREGATION UPDATE

Congregational Number: _____

Synod Name: _____

Conference Name: _____

Date Organized: _____

Congregation, City, Province: _____

Online Password for www.elcic.ca: ***User Name*:** _____ ***Password*: ELCIC2015**

Most recent congregational report on file: _____

- Baptized membership last reported: _____
- Confirmed membership last reported: _____

Please review the information provided below for accuracy and revise as necessary.

Charity Registration Number: _____

Mailing Address:

Name: _____

Address: _____

City, Province, PC_____

Phone: _____

Fax: _____

Email: _____

Website: _____

Facebook: facebook.com/_____

Twitter: twitter.com/_ _____

Instagram: instagram.com/_____

Physical Location Address:

This would be the address of your church building where a person would attend a worship service. This may be different from your mailing address if your mail goes to a post office box or some other address.

Address: _____

City: _____ Province: _____ Postal Code: _____

Ecumenical Ministries:

Is the congregation part of an ecumenical ministry? Yes____No_____

If yes, please indicate who the ecumenical partners are by completing the organization name, city and province:

1. _____ 2._____

3. _____ 4._____

Church Leaders:
Please ensure that the contact information is for your church leaders elected at your annual meetings taking place in early 2016.

Pastor or Interim Pastor Name:

1. _____ Pastor's membership is held at _____Church.

Additional Rostered Leaders (Pastoral or Diaconal):

2. _____ Membership is held at _____Church.

3. _____ Membership is held at _____Church.

Treasurer:

Name: _____Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Chairperson Church Council:

Name: _____Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Office Secretary/Administrator:

Name: _____Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Council Secretary Name and Address:

Name: _____Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Other Congregation Contacts:

*The following contact information will **not** be posted on the website and will be used only by Synod staff.*

Please ensure that the contact information is for your congregation contacts for the upcoming 2016 year.

Multiple Point Parish Chairperson:

Name: _____ Home Congregation: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Multiple Point Parish Treasurer:

Name: _____ Home Congregation: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Youth Contact/Advisor Contact:

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Christian Education Contact:

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Stewardship Contact:

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Music/Worship Contact:

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Social Ministry Contact:

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

World Mission Contact:

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Witness/Evangelism Contact:

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Please submit all forms A0, A1, A2, and A3 online at *www.elcic.ca* by **March 31, 2016**