



**CONGREGATION UPDATE**

Congregational Number: \_\_\_\_\_  
Synod Name: \_\_\_\_\_  
Conference Name: \_\_\_\_\_  
Date Organized: \_\_\_\_\_  
Congregation, City, Province: \_\_\_\_\_

**Online Password for [www.elcic.ca](http://www.elcic.ca):**      **User Name:** \_\_\_\_\_      **Password:** ELCIC2016

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:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Mailing Address:**

**Fax:** \_\_\_\_\_

Name: \_\_\_\_\_

**Email:** \_\_\_\_\_

Address: \_\_\_\_\_

**Website:** \_\_\_\_\_

City, Province, PC \_\_\_\_\_

**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 2017.*

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 2017 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: \_\_\_\_\_