

Congregation/Parish

Name of Church _____

City/Town _____

Mailing Address

_____ City _____ PostCode _____

Street Address (if different from Mailing Address): _____

Phone _____ Fax _____ E-mail _____ *

Website _____ Church Secretary _____

Incumbent

_____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

Street Address (if different from Mailing Address) _____

Deacon

_____ Email _____

Deacon

_____ Email _____

Incumbent's Warden

_____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

People's Warden

_____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

Church Treasurer

_____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

Central Treasurer

_____ Phone (h) _____ (o) _____

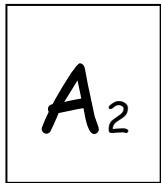
(if applicable)

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

Hours of Worship

* If your church does not have its own e-mail address, please provide the e-mail of a person who is willing to receive important information for the Parish (Kootenay Contact, Prayer Cycle, letters from the Archbishop) and distribute them to the appropriate people. Thank you.



Congregation/Parish _____
Name of Church _____ City/Town _____

Regional Council Representatives

Name _____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

Name _____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

Lay Delegates to Synod

Name _____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

Name _____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

Alternate Delegates to Synod

Name _____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

Name _____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

PWRDF Contact

Name _____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____

DAYM Contact

Name _____ Phone (h) _____ (o) _____

Mailing Address _____ Cell _____ Fax _____

City _____ PostCode _____ E-mail _____