|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2017 CONGREGATION DATA FORM | | | | | | | | | | | | | | | | | |
| Church Name: | |  | | | | | | Church City: | |  | | | | | Office Phone: | |  |
| Complete Mailing Address: | | | | | |  | | | | | | | | | | | |
| Office Fax: |  | | | | | | | | Office Secretary’s Name: | | |  | | | | | |
| Please complete **(type is preferred, but if not available please print in ink**) for your newly elected **2017** Vestry,  Convention Delegates and Alternates, **no later than March 1, 2017,** andreturn to:  Diocese of Eastern Michigan  924 N. Niagara, Saginaw, MI 48602 | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | |  | |  | | | | | |
| **1.Clergy:** | |  | | | | | | | | **2. Asst. Clergy or Administrator:** | | | | | |  | |
| Address: | |  | | | | | | | | Address: |  | | | | | | |
| City/State/Zip | |  | | | | | | | | City/State/Zip |  | | | | | | |
| Home Phone | |  | | | | | | | | Home Phone |  | | | | | | |
| Fax | |  | | | | | | | | Fax |  | | | | | | |
| Email | |  | | | | | | | | Email |  | | | | | | |
|  | | | | |  | | | | |  | | | |  | | | |
| **3. Sr Warden Name:** | | | |  | | | | | | **4. Jr. Warden Name:** | | | |  | | | |
| Address: | | | |  | | | | | | Address: | | | |  | | | |
| City/State/Zip | | | |  | | | | | | City/State/Zip | | | |  | | | |
| Telephone (home) | | | |  | | | | | | Telephone (home) | | | |  | | | |
| Telephone (work) | | | |  | | | | | | Telephone (work) | | | |  | | | |
| Fax | | | |  | | | | | | Fax | | | |  | | | |
| Email | | | |  | | | | | | Email | | | |  | | | |
| Rotates off what year? | | | |  | | | | | | Rotates off what year? | | | |  | | | |
|  | | | |  | | | | | |  | | | |  | | | |
| **5. Clerk Name:** | | | |  | | | | | | **6. Treasurer Name:** | | | |  | | | |
| Address: | | | |  | | | | | | Address: | | | |  | | | |
| City/State/Zip | | | |  | | | | | | City/State/Zip | | | |  | | | |
| Telephone (home) | | | |  | | | | | | Telephone (home) | | | |  | | | |
| Telephone (work) | | | |  | | | | | | Telephone (work) | | | |  | | | |
| Fax | | | |  | | | | | | Fax | | | |  | | | |
| Email | | | |  | | | | | | Email | | | |  | | | |
| Rotates off what year? | | | |  | | | | | | Rotates off what year? | | | |  | | | |
|  | | | |  | | | | | |  | | | |  | | | |
| **Give correct mailing addresses for Delegates and Alternates to Convention:** | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | |  | | | | |
| **1. Delegate Name:** | | |  | | | | | | | **2. Delegate Name:** | | |  | | | | |
| Address: | | |  | | | | | | | Address: | | |  | | | | |
| City/State/Zip | | |  | | | | | | | City/State/Zip | | |  | | | | |
| Telephone/Email | | |  | | | | | | | Telephone/Email | | |  | | | | |
|  | | |  | | | | | | |  | | |  | | | | |
| **3. Delegate Name:** | | |  | | | | | | | **4. Delegate Name:** | | |  | | | | |
| Address: | | |  | | | | | | | Address: | | |  | | | | |
| City/State/Zip | | |  | | | | | | | City/State/Zip | | |  | | | | |
| Telephone/Email | | |  | | | | | | | Telephone/Email | | |  | | | | |
|  | | |  | | | | | | |  | | |  | | | | |
| **1. Alternate Name:** | | |  | | | | | | | **2. Alternate Name:** | | |  | | | | |
| Address: | | |  | | | | | | | Address: | | |  | | | | |
| City/State/Zip | | |  | | | | | | | City/State/Zip | | |  | | | | |
| Telephone/Email | | |  | | | | | | | Telephone/Email | | |  | | | | |
|  | | |  | | | | | | |  | | |  | | | | |
| **3. Alternate Name:** | | |  | | | | | | | **4. Alternate Name:** | | |  | | | | |
| Address: | | |  | | | | | | | Address: | | |  | | | | |
| City/State/Zip | | |  | | | | | | | City/State/Zip | | |  | | | | |
| Telephone/Email | | |  | | | | | | | Phone/Email | | |  | | | | |
|  | | |  | | | | | | |  | | | **Please continue on back side** | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete for ALL non-officer Vestry members:** | | | |  | | | | |
|  |  | |  |  | | | | |
| Vestry Name: |  | | Vestry Name: |  | | | | |
| Address: |  | | Address: |  | | | | |
| City/State/Zip |  | | City/State/Zip |  | | | | |
| Telephone (home) |  | | Telephone (home) |  | | | | |
| Telephone (work) |  | | Telephone (work) |  | | | | |
| Fax |  | | Fax |  | | | | |
| Email |  | | Email |  | | | | |
| Rotates off what year? |  | | Rotates off what year? |  | | | | |
|  |  | |  |  | | | | |
| Vestry Name: |  | | Vestry Name: |  | | | | |
| Address: |  | | Address: |  | | | | |
| City/State/Zip |  | | City/State/Zip |  | | | | |
| Telephone (home) |  | | Telephone (home) |  | | | | |
| Telephone (work) |  | | Telephone (work) |  | | | | |
| Fax |  | | Fax |  | | | | |
| Email |  | | Email |  | | | | |
| Rotates off what year? |  | | Rotates off what year? |  | | | | |
|  |  | |  |  | | | | |
| Vestry Name: |  | | Vestry Name: |  | | | | |
| Address: |  | | Address: |  | | | | |
| City/State/Zip |  | | City/State/Zip |  | | | | |
| Telephone (home) |  | | Telephone (home) |  | | | | |
| Telephone (work) |  | | Telephone (work) |  | | | | |
| Fax |  | | Fax |  | | | | |
| Email |  | | Email |  | | | | |
| Rotates off what year? |  | | Rotates off what year? |  | | | | |
|  |  | |  |  | | | | |
| Vestry Name: |  | | Vestry Name: |  | | | | |
| Address: |  | | Address: |  | | | | |
| City/State/Zip |  | | City/State/Zip |  | | | | |
| Telephone (home) |  | | Telephone (home) |  | | | | |
| Telephone (work) |  | | Telephone (work) |  | | | | |
| Fax |  | | Fax |  | | | | |
| Email |  | | Email |  | | | | |
| Rotates off what year? |  | | Rotates off what year? |  | | | | |
|  |  | |  |  | | | | |
| Vestry Name: |  | | **Please attach paper with additional vestry member and clergy information if necessary.** | | | | | |
| Address: |  | |  | |  | | | |
| City/State/Zip |  | |  | |  | | | |
| Telephone (home) |  | | **Total # of vestry members:** | | |  | |  |
| Telephone (work) |  | |  | |  | | | |
| Fax |  | | Conv Council’s Rep Name: | |  | | | |
| Email |  | | Address: | |  | | | |
| Rotates off what year? |  | | City/State/Zip | |  | | | |
|  |  | | Telephone (home) | |  | | | |
| Vestry Name: |  | | Telephone (work) | |  | | | |
| Address: |  | | Fax | |  | | | |
| City/State/Zip |  | | Email | |  | | | |
| Telephone (home) |  | |  | |  | | | |
| Telephone (work) |  | | ***Signature of Sr or Jr Warden:*** | | | |  | |
| Fax |  | | | | | | | |
| Email |  | | | | |  | | |
| Rotates off what year? |  | | | | |  | | |
|  |  | **Please mail to diocese by March 1, 2017** | | | | | | |