|  |
| --- |
| 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 Michigan924 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** |