

National Association of Congregational Christian Churches

CHURCH INFORMATION FORM

Church Name: _____

Address: _____

Mailing Address: _____
(If different from above.)

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Total Active Members: _____

Email: _____ Website: _____

State/Regional Association Membership: _____ Other Denominational Affiliation: _____

Senior Minister: _____ (____) _____
name home/cell phone (circle one) email

Mailing address: include city, state, zip

Associate Minister: _____ (____) _____
name home/cell phone (circle one) email

Mailing address: include city, state, zip

Year Round Delegate: _____ (____) _____
name home/cell phone (circle one) email

Mailing address: include city, state, zip

Moderator: _____ (____) _____
name home/cell phone (circle one) email

Mailing address: include city, state, zip