



South Dakota Synod, ELCA

# 2010 CONGREGATIONAL LEADERSHIP FORM

Annual Meeting Date \_\_\_\_\_

**Congregation Name:** \_\_\_\_\_ **Conference:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Congregation E-Mail:** \_\_\_\_\_

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

**Pastor(s) Name(s):** \_\_\_\_\_

**Pastor's E-Mail Address(es):** \_\_\_\_\_

Elections at the parish level should be reported to the ELCA on the proper forms. It is important, however, that the synod office have the names of key people from your congregation as soon as they are available. Please complete this form and return it to the synod office along with your Statement of Intent. The online version of this form may be completed and submitted via e-mail.

### Congregation President

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

### Education Contact

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

### Congregation Treasurer

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

### Parish President

(if in parish agreement)

Parish Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

### Youth Contact (adult)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_