CONGREGATIONAL UNIT INFORMATION UPDATE

(You are asked to provide information only for those officers you have in your CU. Leave the other lines blank. Please type or print clearly.)

Date	_			
CHURCH NAME & C	CITY			_
CLUSTER (CONFER	RENCE) NAME & NUI	MBER		
CONTACT PERSON:	Name			
Mailing Address			City	
StateZip	Phone	(Cell)		
E-mail				
PRESIDENT AND O	R CO-CHAIRPERSON	V: Name		
Mailing Address			City	
StateZip	Phone	(Cell)		
E-mail				
VICE PRESIDENT A	ND/OR CO-CHAIRPE	ERSON: Name		
Mailing Address			City	
StateZip	Phone	(Cell)		
E-mail				
Mailing Address			City	
StateZip	Phone	(Cell)		
E-mail				
TREASURER: Name				
StateZip	Phone	(Cell)		
E-mail				

(If your CU has chairpersons for the Missions of Justice, Stewardship, and Discipleship, please list them on the back with their addresses, etc.) MAIL THIS FORM TO: Pam Chouinard, 8530 Weswood 0.6 Dr., Gladstone, MI 49837 or email: pam@chouinards.com

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