LAS MISIONES BASIC INFORMATION SHEET - 2020

CHURCH		**PHONE**	
STREET ADDRESS		**Zip:**	
PREFERRED Mailing Address or Box Number		**Zip:**	
TIME OF WORSHIP SERVICES:			
CHURCH WEB PAGE:	**CHURCH E MAIL:**		
PASTOR:	**E MAIL:**		
ASSOCIATE:	**E MAIL:**		
ASSOCIATE:	**E MAIL:**		
ASSOCIATE:	**E MAIL:**		
ASSOCIATE:	**E MAIL:**		
CHURCH SECRETARY:	**E MAIL:**		

ADMIN. BOARD/COUNCIL CHAIRPERSON	Name:		Daytime phone:	
	Address:		Zip:	
	E-MAIL ADDRESS:		Home phone:	
TRUSTEES CHAIRPERSON	Name:		Daytime phone:	
	Address:		Zip:	
	E-MAIL ADDRESS:		Home phone:	
FINANCE CHAIRPERSON	Name:		Daytime phone:	
	Address:		Zip:	
	E-MAIL ADDRESS:		Home phone:	
TREASURER	Name:		Daytime phone:	
	Address:		Zip:	
	E-MAIL ADDRESS:		Home phone:	
LAY LEADER	Name:		Daytime phone:	
	Address:		Zip:	
	E-MAIL ADDRESS:		Home phone:	
MISSIONS CHAIRPERSON	Name:		Daytime phone:	
	Address:		Zip:	
	E-MAIL ADDRESS:		Home phone:	
UNITED METHODIST WOMEN CHAIRPERSON	Name:		Daytime phone:	
	Address:		Zip:	
	E-MAIL ADDRESS:		Home phone:	
UNITED METHODIST MEN CHAIRPERSON	Name:		Daytime phone:	
	Address:		Zip:	
	E-MAIL ADDRESS:		Home phone:	
PASTOR-PARISH RELATIONS CHAIRPERSON	Name:		Daytime phone:	
	Address:		Zip:	
KK	**E-MAIL ADDRESS:**		Home phone:	