

Church Office Position Holders – Seventh-day Adventist Church

Church/Company/Group _____ Positions Valid from (date) _____ Valid to (date) _____

Churches Street Address _____ **Churches** Postal Address _____

Please note: The following positions are what the conference use to contact and send information to throughout the year. If the individuals would prefer correspondence to be sent to the church's postal address please leave their address blank.

ADRA Care Leader <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member
Adventist Book Centre Secretary <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member
Adventurers Director <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member
Bulletin Secretary <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member
Children's Ministries Coordinator <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member
Church Mail <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member
Church Secretary <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member
Clerk <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member
Clerk - Assistant <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member
Communication Secretary <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member
Deacon - Head <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____	Phone _____	Mobile _____	<input type="checkbox"/> Attender
	Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member

Deaconess - Head <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Education Secretary <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Elder - Senior <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Family Ministries Coordinator <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
First Impressions Ministry Leader <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Health Secretary <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Librarian <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Men's Ministry Leader <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Music Coordinator <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Pastor <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Pastor - Assistant <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Pathfinder Director <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Personal Ministries Director <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	

Prayer Ministries Coordinator <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Record Secretary <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Safe Places Coordinator <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Singles Ministries Director <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Small Group Ministries Coordinator <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Social Coordinator <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Sabbath School - Adult <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Sabbath School - Beginner <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Sabbath School - Earliteen <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Sabbath School - Junior <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Sabbath School - Kindergarten <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Sabbath School - Primary <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Sabbath School - Youth <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	

Sabbath School Secretary <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Sabbath School Superintendent <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Stewardship Secretary <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Tech Ministry / IT Coordinator <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Treasurer <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Treasurer - Assistant <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Webmaster <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Worship Leader <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Women's Ministries Leader <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	
Youth Leader <i>Please supply email</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Phone _____	Mobile _____	<input type="checkbox"/> Attender
Address _____	Post Code _____	Email _____	<input type="checkbox"/> Member	