

CONGREGATIONAL INFORMATION SHEET
(Attach additional sheets if necessary)

Name of Congregation: _____
City: _____

Council President

Name: _____
Mailing address: _____
Email: _____
Cell Phone: _____

Executive Committee

Name: _____	Name: _____
Email: _____	Email: _____
Cell Phone: _____	Cell Phone: _____

Name: _____	Name: _____
Email: _____	Email: _____
Cell Phone: _____	Cell Phone: _____

Council Members *(please list names)*

_____	_____
_____	_____
_____	_____
_____	_____

Other Hired or Called Staff

Name: _____
Position: _____
Circle one: Full Time or Part Time Hours per week: _____
Basic Duties: _____

Name: _____
Position: _____
Circle one: Full Time or Part Time Hours per week: _____
Basic Duties: _____

Return this form along with a copy of your current budget to:
Bishop Paul Erickson
Greater Milwaukee Synod
1212 S. Layton Blvd.
Milwaukee, WI 53215