

# MISSION EXPLORATION TEAM (MET) INFORMATION SHEET

*(Attach additional sheets if necessary)*

Name of Congregation: \_\_\_\_\_  
City: \_\_\_\_\_

## **Interim/Transitional Pastor**

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## **Council President**

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## **MET Team Chairperson**

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## **MET Team Members**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
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Return this form to:  
Bishop Paul Erickson  
Greater Milwaukee Synod  
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Milwaukee, WI 53215