

“A New Day, A New Way: Together”

REGIONAL LEADERSHIP COUNCIL REPRESENTATIVE FORM

Date: _____

Name of Church:

Region #:

PRIMARY REPRESENTATIVE:

Please Print/type:

[a]Member’s Name and Title:

Elder, Deacon, Pastor, Trustee, Committee Chair, etc.

[b]Home Street Address:

[c]City and Zip Code:

[d]Contact Numbers With Area Code:

{1} Home:

{2} Cell:

{3} Work:

[e]Email:

{1} Home:

{2} Work:

[f]CHURCH RELATED BIO: - (Brief)

Please return this form to:

“A New Day, A New Way: Together”

REGIONAL LEADERSHIP COUNCIL REPRESENTATIVE FORM

Date:_____

Name of Church:

Region #:

ALTERNATE REPRESENTATIVE:

Please Print:

[a]Member's Name and Title: Elder, Deacon, Pastor, Trustee, Committee Chair, etc.)

[b]Home Street Address:

[c]City and Zip Code:

[d]Contact Numbers With Area Code:

{1} Home:

{2} Cell:

{3} Work:

[e]Email:

{1} Home:

{2} Work:

[f]CHURCH RELATED BIO: - (Brief)