



Please return by February 15, 2011.

2011 PRESBYTERY CHURCH DIRECTORY INFORMATION

Church Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip+4: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from street address above)

City / State / Zip+4: \_\_\_\_\_

(if different from street address above)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Pastor: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip+4: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

(if it is to be published)

Clerk of Session: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip+4: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Treasurer / Financial Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip+4: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Does your Session elect a rotating or permanent commissioner(s) to Presbytery's stated meetings? (circle one)

If you answered permanent, please list who should receive the meeting call and minutes:

Commissioner: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip+4: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

2011 Church Information continued...

Please list all paid and volunteer staff members.

Office Contact: \_\_\_\_\_  
(office manager, administrative assistant, secretary, receptionist, etc.)

Organist: \_\_\_\_\_

Pianist: \_\_\_\_\_

Youth Leader(s): \_\_\_\_\_

Choir Director(s): \_\_\_\_\_

CE Director: \_\_\_\_\_

Custodian: \_\_\_\_\_

Parish Nurse: \_\_\_\_\_

Others: \_\_\_\_\_

Committee Chairperson \_\_\_\_\_ E-mail \_\_\_\_\_

Christian Education: \_\_\_\_\_

Financial: \_\_\_\_\_

Membership / Evangelism: \_\_\_\_\_

Mission: \_\_\_\_\_

Personnel: \_\_\_\_\_

Presbyterian Women: \_\_\_\_\_

Property / Building: \_\_\_\_\_

Worship: \_\_\_\_\_

Others: \_\_\_\_\_

Church Newsletter Title: \_\_\_\_\_

Published: \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ quarterly

Editor: \_\_\_\_\_ E-mail: \_\_\_\_\_

Session Meetings (day & time): \_\_\_\_\_

Worship Services: Fall/Winter/Spring \_\_\_\_\_ Traditional \_\_\_ Contemporary\_\_\_ Combined \_\_\_  
(day & time) \_\_\_\_\_ Traditional \_\_\_ Contemporary\_\_\_ Combined \_\_\_  
Summer \_\_\_\_\_ Traditional \_\_\_ Contemporary\_\_\_ Combined \_\_\_

Please return completed form by **February 15, 2011** to: **Presbytery of Des Moines**  
**Questions?** Call 515-276-4991. **2400 86<sup>th</sup> Street, Suite 20**  
**Urbandale, IA 50322-4306**