
Submitted,

Pastor in Charge _____

Presiding Elder _____

Presiding Bishop _____

**THE CHRISTIAN METHODIST EPISCOPAL CHURCH
QUARTERLY CONFERENCE REPORT
CONTACT INFORMATION
(PLEASE PRINT)**

DATE: _____

CHURCH: _____

PASTOR

Name: _____

Home Address: _____

Mailing Address: _____
(If Different Than Home Address)

Phone: Home _____ Cell _____

Email: _____

STEWARD BOARD CHAIR

Name: _____

Home Address: _____

Mailing Address: _____
(If Different Than Home Address)

Phone: Home _____ Cell _____

Email: _____

RECORDING STEWARD

Pastor's Name: _____

Home Address: _____

Mailing Address: _____
(If Different Than Home Address)

Phone: Home _____ Cell _____

Email: _____

TRUSTEE BOARD CHAIR

Pastor's Name: _____

Home Address: _____

Mailing Address: _____
(If Different Than Home Address)

Phone: Home _____ Cell _____

Email: _____