

PRESBYTERY OF MINNESOTA VALLEYS
 4055 ABBOTT DRIVE
 WILLMAR, MINNESOTA 56201
 TELEPHONE: 320-235-7910 – FAX: 320-235-7539
 WEBSITE: www.minnesotavalleys.org
 EMAIL: karen@minnesotavalleys.org

List the officers of your congregation for 2021
 (Please return this form no later than May 17, 2021)

CHURCH	PASTOR
Name:	Name:
Street Address:	Address:
Mailing (if different):	
	Telephone
Telephone:	Fax:
Fax:	E-Mail:
E-Mail:	Worship Time:

CLERK OF SESSION (Must Be An Elder)	
Name	
Address:	
Telephone (Office):	
Telephone (Home):	
E-Mail:	
Term Ends:	

SESSION MEMBERS	
Name:	Name:
Address:	Address:
Telephone (Office):	Telephone (Office):
Telephone (Home):	Telephone (Home):
E-Mail:	E-Mail:
Term Ends:	Term Ends:

SESSION MEMBERS (Continued)

Name:	Name:
Address:	Address:
Telephone (Office):	Telephone (Office):
Telephone (Home):	Telephone (Home):
E-Mail:	E-Mail:
Term Ends: <input style="width: 150px;" type="text"/>	Term Ends: <input style="width: 150px;" type="text"/>

Name:	Name:
Address:	Address:
Telephone (Office):	Telephone (Office):
Telephone (Home):	Telephone (Home):
E-Mail:	E-Mail:
Term Ends: <input style="width: 150px;" type="text"/>	Term Ends: <input style="width: 150px;" type="text"/>

Name:	Name:
Address:	Address:
Telephone (Office):	Telephone (Office):
Telephone (Home):	Telephone (Home):
E-Mail:	E-Mail:
Term Ends: <input style="width: 150px;" type="text"/>	Term Ends: <input style="width: 150px;" type="text"/>

Name:	Name:
Address:	Address:
Telephone (Office):	Telephone (Office):
Telephone (Home):	Telephone (Home):
E-Mail:	E-Mail:
Term Ends: <input style="width: 150px;" type="text"/>	Term Ends: <input style="width: 150px;" type="text"/>

SESSION MEMBERS (Continued)

Name:	Name:
Address:	Address:
Telephone (Office):	Telephone (Office):
Telephone (Home):	Telephone (Home):
E-Mail:	E-Mail:
Term Ends:	Term Ends:

DELEGATE FOR PRESBYTERY	CHURCH ADMINISTRATIVE ASSISTANT/SECRETARY
Name:	Name:
Address:	Address:
Telephone (Office):	Telephone (Office):
Telephone (Home):	Telephone (Home):
E-Mail:	E-Mail:
Term Ends:	Office hours:

CHURCH TREASURER	CHRISTIAN EDUCATION DIRECTOR
Name:	Name:
Address:	Address:
Telephone (Office):	Telephone (Office):
Telephone (Home):	Telephone (Home):
E-Mail:	E-Mail: