

THE EPISCOPAL DIOCESE OF CENTRAL PENNSYLVANIA
Church Officers and Vestry Members

Church Name: _____

Community: _____

Annual Meeting Date: _____

Today's Date: _____

Position: *Name and Address (include zip code)*

**Senior
Warden**

Mr. Mrs. Ms. Other NAME: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell _____ Work _____

**Junior
Warden**

Mr. Mrs. Ms. Other NAME: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell _____ Work _____

Secretary

Mr. Mrs. Ms. Other NAME: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell _____ Work _____

Treasurer

Mr. Mrs. Ms. Other NAME: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell _____ Work _____

ECW Chair

Mr. Mrs. Ms. Other NAME: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell _____ Work _____

Christian Ed.

Mr. Mrs. Ms. Other NAME: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell _____ Work _____

Youth Chair

Mr. Mrs. Ms. Other NAME: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell _____ Work _____

**Planned
Giving**

Mr. Mrs. Ms. Other NAME: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell _____ Work _____

VESTRY MEMBERS

Name and Address (include zip code)

Mr. Mrs. Ms. Other NAME: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Cell _____ Work _____

Mr. Mrs. Ms. Other NAME: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Cell _____ Work _____

Mr. Mrs. Ms. Other NAME: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Cell _____ Work _____

Mr. Mrs. Ms. Other NAME: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Cell _____ Work _____

Mr. Mrs. Ms. Other NAME: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Cell _____ Work _____

Mr. Mrs. Ms. Other NAME: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Cell _____ Work _____

Mr. Mrs. Ms. Other NAME: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Cell _____ Work _____

Mr. Mrs. Ms. Other NAME: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Cell _____ Work _____

Mr. Mrs. Ms. Other NAME: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Cell _____ Work _____

Return this form to PO Box 11937, Harrisburg, PA 17108
Please send promptly following your Vestry elections