

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	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other NAME: _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Cell _____ Work _____
Junior Warden	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other NAME: _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Cell _____ Work _____
Secretary	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other NAME: _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Cell _____ Work _____
Treasurer	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other NAME: _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Cell _____ Work _____
ECW Chair	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other NAME: _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Cell _____ Work _____
Christian Ed.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other NAME: _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Cell _____ Work _____
Youth Chair	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other NAME: _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Cell _____ Work _____
Planned Giving	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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