

**PLEASE FURNISH VIRGINIA SYNOD WITH THE FOLLOWING INFORMATION:  
 (Also, please advise Synod as soon as possible whenever changes occur)**

**Mail to: Virginia Synod, ELCA  
 PO Box 70  
 Salem, Virginia 24153-0070**  
**or Email: worley@vasynod.org  
 cc: spencer@vasynod.org**

Congregation/Location			
Church Mailing Address			
Church Phone:		Church Fax:	
Church Email:		Pastor's Email:	
Church Web Site:			
Name of Pastor:			
<b>OFFICERS</b>			
Cong. Council President	Name:		
	Address:		
	City/State/Zip:		
	Phone: (H)	(W)	
	Email:		
Cong. Council Vice Pres	Name:		
	Address:		
	City/State/Zip:		
	Phone: (H)	(W)	
	Email:		
Cong. Council Treasurer	Name:		
	Address:		
	City/State/Zip:		
	Phone: (H)	(W)	
	Email:		
Cong. Council Secretary	Name:		
	Address:		
	City/State/Zip:		
	Phone: (H)	(W)	
	Email:		

**OTHERS**

Worship & Music Committee Chair	Name:
	Address:
	City/State/Zip:
	Phone: (H) <span style="float: right;">(W)</span>
	Email:
Organist	Name:
	Address:
	City/State/Zip:
	Phone: (H) <span style="float: right;">(W)</span>
Choir Director	Name:
	Address:
	City/State/Zip:
	Phone: (H) <span style="float: right;">(W)</span>
Youth Committee Chair	Name:
	Address:
	City/State/Zip:
	Phone: (H) <span style="float: right;">(W)</span>
Christian Education Committee Chair	Name:
	Address:
	City/State/Zip:
	Phone: (H) <span style="float: right;">(W)</span>
Stewardship Committee Chair	Name:
	Address:
	City/State/Zip:
	Phone: (H) <span style="float: right;">(W)</span>
	Email:
Evangelism Committee Chair	Name:
	Address:
	City/State/Zip:
	Phone: (H) <span style="float: right;">(W)</span>
Social Ministry Committee Chair	Name:
	Address:
	City/State/Zip:
	Phone: (H) <span style="float: right;">(W)</span>