

2017 PRESBYTERY DIRECTORY INFORMATION

Please complete both sides of this form and return to the Presbytery Office by January 10, 2017
210 North Bonner St. Ruston LA 71270 or email to pines@pinespby.org, You may also fill out the form on your computer using
Adobe Acrobat and send it back as an attachment.

Church Name: _____
Street Address: _____
GPS Co-ordinates: _____
Mailing Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Fax: _____
Email: _____
Website: _____
Secretary: _____
Office Hours: _____
Sunday Worship Time: _____

If more than one Associate Minister, and/or DCE or Youth Director, please give information on the back.

Pastor: _____
Spouse's
First Name: _____
Home Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Cell Phone: _____
Email: _____

Associate or
Co-Pastor: _____
Spouse's
First Name: _____
Home Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Cell Phone: _____
Email: _____

Please list Name, Address & Phone for persons who will occupy these positions for 2017. If the home zip code is different from the church, please indicate. If available please include email.

CLERK OF SESSION
Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____
DEACON'S MODERATOR
Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____
PRESBYTERIAN WOMEN'S MODERATOR
Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

CHURCH TREASURER
Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

PRESBYTERIAN WOMEN'S HISTORIAN
Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

OVER

PROGRAM AREA CONTACT PERSONS

MEN'S WORK

Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

EVANGELISM

Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

STEWARDSHIP

Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

WITNESS SEASON

Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

PEACEMAKING

Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

CHRISTIAN EDUCATION

Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

CHOIR DIRECTOR

Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

PIANIST

Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

ORGANIST

Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

YOUTH MINISTRY

Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

PLEASE ADD ADDITIONAL INFORMATION FOR CHURCH STAFF HERE:

Position: _____
Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

Position: _____
Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

Position: _____
Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____

Position: _____
Name: _____
Address: _____
Zip: _____
Phone: _____
Email: _____