

INTERNATIONAL MISSIONARY SOCIETY
OF THE SEVENTH-DAY ADVENTIST REFORM MOVEMENT

CHURCH OFFICERS' ELECTIONS
(SENT TO THE FIELD)

Local Church of _____ For the Year _____

ELDER/LEADER _____ Date of Birth _____

Address _____

Phone (include area code) _____ FAX _____ eMail _____

SECRETARY _____ Date of Birth _____

Address _____

Phone (include area code) _____ FAX _____ eMail _____

TREASURER _____ Date of Birth _____

Address _____

Phone (include area code) _____ FAX _____ eMail _____

DEACON _____ Date of Birth _____

Address _____

Phone (include area code) _____ FAX _____ eMail _____

SABBATH SCHOOL LEADER _____ Date of Birth _____

Address _____

Phone (include area code) _____ FAX _____ eMail _____

MISSIONARY LEADER _____ Date of Birth _____

Address _____

Phone (include area code) _____ FAX _____ eMail _____

YOUTH LEADER _____ Date of Birth _____

Address _____

Phone (include area code) _____ FAX _____ eMail _____

CHURCH COMMITTEE

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____

ADDITIONAL OFFICERS (Add additional sheets as needed)

Office

Name

Church Elder/Leader's Signature

Church Secretary's Signature

Date