



Please return by February 28, 2017.

2017 PRESBYTERY CHURCH DIRECTORY INFORMATION FORM

Church Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip+4: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from street address above)

City / State / Zip+4: \_\_\_\_\_

(if different from street address above)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Pastor: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip+4: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

(if it is to be published)

Clerk of Session: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip+4: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church Administrative Assistant: \_\_\_\_\_

Email: \_\_\_\_\_

Church Treasurer: \_\_\_\_\_

Email: \_\_\_\_\_

**2017 Church Information continued...**

---

Does your Session elect a rotating or permanent commissioner(s) to Presbytery's stated meetings? (check one)

If you answered permanent, please list who should receive the meeting call and minutes:

Commissioner: \_\_\_\_\_

Email: \_\_\_\_\_

Church Newsletter Title: \_\_\_\_\_

Published: \_\_\_\_\_ weekly      \_\_\_\_\_ monthly      \_\_\_\_\_ quarterly

Email: \_\_\_\_\_

Session Meetings (day & time): \_\_\_\_\_

Number of elders: \_\_\_\_\_

**Worship Services:**

<b>Fall/Winter/Spring</b> _____	Traditional ___	Contemporary ___	Combined ___
(day & time) _____	Traditional ___	Contemporary ___	Combined ___
_____	Traditional ___	Contemporary ___	Combined ___
<b>Summer</b> _____	Traditional ___	Contemporary ___	Combined ___

Please return completed form by **February 28, 2017** to:  
**Questions?** Call 515-276-4991.

*Presbytery of Des Moines*  
2400 86<sup>th</sup> Street, Suite 20  
Urbandale, IA 50322-4306