



2017 Database Update Form

SOUTH WISCONSIN DISTRICT - LCMS

Please complete the form below and return it in the envelope provided by June 16, 2017.

If you have any questions, please contact Herman Strozier at 414-464-8100 or strozier@swd.lcms.org. Thank You!

Congregation: _____ City: _____

Phone: _____ Fax: _____ Website: _____

CONGREGATION PRESIDENT

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell

CONGREGATION VICE-PRESIDENT

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell

CONGREGATION TREASURER/BUSINESS MANAGER

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell

BOARD OF ELDER CHAIRMAN

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell

YOUTH DIRECTOR

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell

ADMINISTRATIVE ASSISTANT

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell



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Phone: _____ Fax: _____ Website: _____

ADMINISTRATIVE ASSISTANT

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell

WORSHIP DIRECTOR

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell

COMMUNICATIONS DIRECTOR

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell

OTHER LEADERSHIP POSITION: _____

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell

OTHER LEADERSHIP POSITION: _____

Name: _____

Home Address: _____

Preferred Phone: Home Work Cell

Preferred Email: Home Work Cell

OTHER LEADERSHIP POSITION: _____

Name: _____

Home Address: _____

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Preferred Email: Home Work Cell