

INFORMATION FOR THE DISTRICT JOURNAL

Crossroads District of The Wesleyan Church

(Please complete and mail to the District Office • 1500 S Western Ave Ste A. • Marion, IN 46953)

() Dr.
() Rev.
() Pastor
() Mr. Name _____
() Mrs. (Name in full as you desire it listed in the directory)
() Miss

Snail Mail (Postal) Address _____

City _____ State _____ Zip Code +4 _____

Home Phone: Area () _____ Cell phone: Area () _____

Church Phone: Area () _____ Office Phone (other than church): Area () _____

Preferred E-mail address: _____

Alternate E-mail address: _____

Church website: _____

Home address (if different than snail mail address above): _____

Local Church membership held at: _____

If pastoring next district year, give name of the church: _____

If not pastoring next year, what appointment (category of service) will you have? _____

If planning to move, list your **new** address (if known) _____

Effective date of your **new** address: _____

If known, please give phone number of **new** address: Area () _____

Signed: _____ Date _____