



**Charge Conference 2018
2019 LEADERSHIP INFORMATION**

Church Name: _____ **District Name:** _____

**EACH local congregation MUST complete the following information

NAME	ADDRESS	PHONE #	EMAIL
Church Council/Admin Board Chair			
Finance Committee Chair			
Lay Leader			
CHARGE Pastor/Staff Parish Relations Chair			
LOCAL CHURCH Pastor/Staff Parish Relations Chair			
CHARGE Treasurer			
LOCAL CHURCH Treasurer			
Trustees Chair			
Martin Methodist College Representative			

***If you would like for your **apportionment statements** to go to someone *other than the church Treasurer*, please indicate this by completing the information below:

ROLE	NAME	ADDRESS	EMAIL