



Thank you for your assistance in keeping our database up-to-date. Please enter contact information for those in your church with discipleship responsibilities. CDM will use this information to send them a complimentary "Equip and Connect" quarterly publication and occasional emails with information related to their particular ministry responsibilities. **To fill out an electronic version of this form visit: [www.pcacdm.org/info-form](http://www.pcacdm.org/info-form)**

Date \_\_\_\_\_ Person Completing Form \_\_\_\_\_  
Position \_\_\_\_\_ Email \_\_\_\_\_

**CHURCH INFORMATION:**

Church \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

**STAFF INFORMATION:**

*Please list the current contact person for each department as applicable (Make copies of this page for additional staff)*

<p>Ministry Position: <input type="checkbox"/> Christian Education/Discipleship <input type="checkbox"/> Music/Worship <input type="checkbox"/> Congregational Care <input type="checkbox"/> Seniors <input type="checkbox"/> Missions &amp; Outreach <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Youth <input type="checkbox"/> Children <input type="checkbox"/> Other_____</p> <p>Name _____ Title: <input type="checkbox"/> Rev. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss</p> <p>Address _____ City _____ State ____ Zip _____</p> <p>Email _____ Hours: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer</p>
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