**PLEASE PROVIDE ANSWERS TO ALL QUESTIONS** (TEXT FIELDS EXPAND UPON TYPING)

CATEGORY:

FIRST NAME:       MIDDLE NAME       LAST NAME

ADDRESS:

CITY/STATE/ZIP:

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

PHONE NUMBERS (WITH AREA CODES) WORK:       HOME:       CELL:

BEST EMAIL ADDRESS:

CONGREGATION:      NAME OF PASTOR:

CITY/STATE OF CONGREGATION:

OCCUPATION (OR INDICATE IF RETIRED):

DESCRIBE CONGREGATIONAL INVOLVEMENT:

DESCRIBE COMMUNITY INVOLVEMENT:

EXPERTISE/SKILLS:

INDICATE WHY YOU WANT TO ATTEND CHURCHWIDE ASSEMBLY:

GENDER:      DATE OF BIRTH (DD/MM/YYYY):       PRIMARY LANGUAGE:

ETHNICITY:       ARE YOU A PERSON OF COLOR? (YES/NO):

CLERGY? (YES/NO):       LAY OR LAY ROSTERED LEADER? (YES/NO):

WOULD THIS BE YOUR FIRST TIME ATTENDING A CHURCHWIDE ASSEMBLY? (YES/NO):

Return form with a quality digital photograph **before March 1, 2015**, to:

New England Synod

20 Upland Street

Worcester, MA 01607-1624

or email to

blamson@nesynod.org

or fax to

508-797-9295