Community of Christ

GREATER PACIFIC NORTHWEST USA MISSION CENTER

Congregational Officers' Submittal Form

Information required by Friday, December 4, 2026

Congregational Name: _____

PASTOR (1 member), \ CO-PASTORS (2 members), \ OR PASTORATE TEAM MEMBERS (3+ members):	
Name:	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
Name:	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
Name:	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
Name:	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
Name:	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
Name:	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):

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ASSISTANT PASTORS \ ASSOCIATE PASTORS \ COUNSELORS (if applicable)	
Name:	
Please list Title (Assistant Pastor, Associate Pastor, Counselor):	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
Name:	
Please list Title (Assistant Pastor, Associate Pastor, Counselor):	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
Name:	
Please list Title (Assistant Pastor, Associate Pastor, Counselor):	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
Name:	
Please list Title (Assistant Pastor, Associate Pastor, Counselor):	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
Name:	
Please list Title (Assistant Pastor, Associate Pastor, Counselor):	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):

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CONGREGATIONAL FINANCIAL OFFICER (CFO)	
Name:	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
ASSISTANT CONGREGATIONAL FINANCIAL OFFICER (ASST. CFO)	
Name:	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
RECORDER	
Name:	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):
COMMUNICATIONS COORDINATOR	
Name:	
Mailing address:	
Phone # (Cell):	Phone # (Landline):
Email:	Secondary Email (if applicable):

Send information to:

Email: jbrunette@cofchrist-gpnw.org (**PREFERRED**)
Phone: 425-207-8712
Mail: Jill Brunette
GPNW Membership Services Administrator
PO Box 60227
Renton, WA 98058

PLEASE include additional congregational information (if applicable):

- Physical Address: _____
- Mailing Address (*if different*): _____
- Phone # (*building or contact person, list name*): _____
- Website (*if applicable*): _____
- Facebook Page (*if applicable*): _____
- Facebook Group (*if applicable*): _____