

# The Episcopal Diocese of Montana

## VESTRY DATA

Church Name: \_\_\_\_\_

City: \_\_\_\_\_

As soon as you have had your Annual Meeting in January, please complete this form and return it by E-mail, fax or USPS mail to us no later than February 15th.

**Please print in capital letters or type**

Email: [admin@diomontana.com](mailto:admin@diomontana.com). Fax: 406-442-2238. USPS: PO Box 2020, Helena MT 59624-2020.

*(Please list work phone, only if it is alright to call at work).*

### **SENIOR WARDEN**

Mailing Address: \_\_\_\_\_

Town/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **JUNIOR WARDEN**

Mailing Address: \_\_\_\_\_

Town/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **CLERK OF THE VESTRY**

Mailing Address: \_\_\_\_\_

Town/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **TREASURER**

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CLUSTER REPRESENTATIVE**

(If applicable)

Mailing Address:

Town/ZIP:

Home Phone:

Work Phone:

Email Address:

**STEWARDSHIP PERSON**

Mailing Address:

Town/ZIP:

Home Phone:

Work Phone:

Email Address:

**YOUTH LEADER**

Mailing Address:

Town/ZIP:

Home Phone:

Work Phone:

Email Address:

**ERD REP**

Mailing Address:

Town/ZIP:

Home Phone:

Work Phone:

Email Address:

**UTO REPRESENTATIVE**

Mailing Address:

Town/ZIP:

Home Phone:

Work Phone:

Email Address:

**SIGNED** *(priest or senior warden)*