



Office Secretary/Administrator :

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Council Secretary name and address:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The following will update your congregation's page in the **Find a Congregation** section of the ELCIC's website ([www.elcic.ca](http://www.elcic.ca)). Review the information below for accuracy and revise as necessary. For further revisions later in the year, email them to [tgallop@elcic.ca](mailto:tgallop@elcic.ca)

**Welcome:**

Please give a brief description of your congregational life—the distinctive gifts and ministries that you bring to our joint community

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**Worship Times:**

List day and time with a brief description (eg. Sunday: 9 a.m. Service of the Word, 11:30 a.m. Holy Eucharist)

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**Languages used for Worship?**

- |                                  |                                  |                                    |                                      |
|----------------------------------|----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German  | <input type="checkbox"/> Mandarin  | <input type="checkbox"/> Estonian    |
| <input type="checkbox"/> Finnish | <input type="checkbox"/> Latvian | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Other _____ |

**Accessibility:**

Is your building wheelchair accessible? (Check one)  Yes  Partially  No

If you indicated "partially", please provide details: \_\_\_\_\_

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Do you offer FM or infrared headsets for people who are hard of hearing? (Check one)  Yes  No

**Childcare available is:**

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**Mission Statement:**

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**Location Description:**

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**Other Congregation Contacts:**

*The following contact information will **not** be posted on the website and will be used only by Synod staff.*

**Multiple Point Parish Chairperson:**

Name: \_\_\_\_\_ Home Congregation: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Youth Contact/Advisor Contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Christian Education Contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Stewardship Contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Music/Worship Contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Social Ministry Contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**World Mission Contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Witness/Evangelism Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please submit all forms A0, A1, A2, A3 and the Survey Questionnaire by **March 31, 2012** online at [www.elcic.ca](http://www.elcic.ca)