

Please return this form completely filled out after electing your officers/leaders.  
**RETURN** the completed information sheet to **Saluda Baptist Association**.

**WMU DIRECTOR/WOMEN'S MISSION DIRECTOR/COORDINATOR**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**ASSISTANT WMU DIRECTOR/WOMEN'S MISSION DIRECTOR/COORDINATOR**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**WMU/WOMEN'S MISSION ADMINISTRATIVE ASSISTANT**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**WOMEN ON MISSION DIRECTOR/COORDINATOR**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**ADULTS ON MISSION DIRECTOR/COORDINATOR**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**myMISSION DIRECTOR/COORDINATOR**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**MEN'S MISSION DIRECTOR/COORDINATOR**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**CHURCH WIDE MISSION DIRECTOR/COORDINATOR**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

# CHURCH MISSION LEADERSHIP cont.

CHURCH NAME \_\_\_\_\_

## MISSION FRIENDS DIRECTOR/COORDINATOR (Children Birth -5yrs)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## CHILDREN IN ACTION DIRECTOR/COORDINATOR (Children 1<sup>st</sup>-6<sup>th</sup>)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## GIRLS IN ACTION DIRECTOR/COORDINATOR (girls 1<sup>st</sup>-6<sup>th</sup>)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## ROYAL AMBASSADORS DIRECTOR/COORDINATOR (boys 1<sup>st</sup>-6<sup>th</sup>)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## ACTEENS DIRECTOR/COORDINATOR (girls 7<sup>th</sup>-12<sup>th</sup>)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## CHALLENGERS DIRECTOR/COORDINATOR (boys 7<sup>th</sup>-12<sup>th</sup>)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## YOUTH IN ACTION DIRECTOR/COORDINATOR (Youth 7<sup>th</sup>-12<sup>th</sup>)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## ANY OTHER MISSION LEADERS (Title) \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Please return to SBA PO Box 13005 Anderson, SC 29624 or email to [karen.daves@saludabaptist.net](mailto:karen.daves@saludabaptist.net)