**NEW CHURCH INFORMATION**

**Church/Ministry Name:**

**Church or Ministry?** (please select one)

**City, Province/State:**

**Classification (check one):** Emerging\_\_\_ Campus Ministry\_\_\_ MultiSite\_\_\_

**Date Your Ministry Began:**

**Supervising Council, if not Organized:**

**Classis:**

**Mailing Address:**

**Location Address:**

 (if different from Mailing Address)

**Telephone:**

**Fax:**

**Email:**

**Website:**

**Service Times:**

**Language(s):**

**Primary Ethnicity:**

**Average Sunday Attendance:**

**--------------------------------------------------------------------------------------------------------------------**

**Primary Minister or Commissioned Pastor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Telephone Numbers:**

Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date he/she began ministry with this church:**

Please return form to:

Christian Reformed Church in North America

Attention: Yearbook Office

1700 28th St SE

Grand Rapids, MI 49508-1407

Or via Email to yearbook@crcna.org