



Salem Presbytery
Directory Information Form

Date _____

___ Rev. ___ Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Miss

First Name _____ Middle _____ Last _____

Preferred Name _____ Date of Birth _____ Spouse _____

Race/Ethnic Group:

___ African American/Black ___ Asian American ___ Caucasian/White
___ Hispanic/Latino/Latina ___ Middle Eastern American ___ Native American/American Indian
___ Other _____

Contact Information:

Share Information with:

Home _____ Directory Presbytery Office Only

Cell _____ Directory Presbytery Office Only

Office _____

E-mail _____

Home Address:

Street _____ City _____ State _____ Zip _____

Mailing Address: (if different than above)

Street _____ City _____ State _____ Zip _____

Role Information: (check all that apply)

Church/Organization Name _____ City _____

___ Teaching Elder (Minister) ___ Campus Minister ___ Ruling Elder (Elder)
___ Designated Pastor ___ Chaplain ___ Certified Christian Educator
___ Co-Pastor ___ Validated Ministry ___ Educator
___ Associate Pastor ___ Member at Large ___ Clerk of Session
___ Interim Pastor ___ Honorably Retired ___ Treasurer
___ Pulpit Supply ___ Lay Pastor in Training ___ Admin. Assistant
___ Stated Supply ___ Lay Pastor Certified for Commission ___ Committee Member
___ Temporary Supply ___ Commissioned Ruling Elder ___ Other _____

Title/Ministry Description _____

Teaching Elders (Ministers) Only:

Ordination Date _____ PC(U.S.A) Member ___ Yes ___ No

Corresponding Presbytery _____ Other Affiliation _____

Committee Information:

What areas of interest do you have in serving at the Presbytery level?

Which meeting times would you be most available to attend: (check all that apply)

___ Morning ___ Afternoon ___ Evening ___ Weekday ___ Saturday ___ Sunday

Please Return to Salem Presbytery:

Save As: DirectoryInformationFormCOMPLETE.pdf and send attachment to support@salem-presbytery.org or P.O. Box 1763, Clemmons, NC 27012; Fax: 336-766-7153