



AEC Church Chapter Master Guide Registration Form

Allegheny East Conference Corporation of Seventh-day Adventist

YOUTH MINISTRIES DEPT.

767 Douglass Dr. Boyertown PA 19512

Phone. 610.326.4610 or 800.830.0224 ext. 336 Fax. 610.326.3946

Church Name _____ / _____				
Pastor's Name _____				
First	Middle Initial	Last	Maiden Name	
Church Address: _____				
Street	City	State	Zip	

	Ok to Call	Best Day	Best Evening
Church Telephone: (____) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastor's Cell/Other: (____) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastor's Email Address: _____ @ _____			
Church's Email Address: _____ @ _____			
<i>Please make sure your email address is legible</i>			

Date Inducted in Allegheny East Conference Master Guide Federation _____ / _____ / _____

Place _____

Master Guide Area Facilitator(s) _____

Contact Information (Cellphone) _____

How many members affiliated? _____

Please list the names of the Chapter Officers and their contact information below:

Director _____

Address _____

Street

City

State

Zip

Telephone _____



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Assoc. Director (Leadership Training) _____

Address _____

Street

City

State

Zip

Telephone _____

Asst. Director (Discipleship) _____

Address _____

Street

City

State

Zip

Telephone _____

Asst. Director (Outreach) _____

Address _____

Street

City

State

Zip

Telephone _____

Asst. Director (Recreation) _____

Address _____

Street

City

State

Zip

Telephone _____

Secretary _____

Address _____

Street

City

State

Zip

Telephone _____

Treasurer _____

Address _____

Street

City

State

Zip

Telephone _____

Chaplain _____

Address _____

Street

City

State

Zip

Telephone _____

**PLEASE ATTACH A LIST OF ALL CHAPTER MEMBERS.
(Ensure that all members have completed the AEC Master Guide Application Form)**

I affirm that the information listed above is accurate.

Signed _____

Date _____

AEC YOUTH MINISTRIES OFFICE:

Date Received _____

Signature _____