

2020-2021 CHURCH MISSION LEADERSHIP

CHURCH NAME _____

Return the completed information sheet to **Saluda Baptist Association**: PO Box 13005, Anderson, SC 29624.
OR email to karen.daves@saludabaptist.net

WMU DIRECTOR/WOMEN'S MISSION DIRECTOR/MISSION COORDINATOR

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Mobile Phone _____

ASSISTANT WMU DIRECTOR/WOMEN'S MISSION DIRECTOR/MISSION 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 _____

2019-2020 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 1st-6th)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Mobile Phone _____

GIRLS IN ACTION DIRECTOR/COORDINATOR (girls 1st-6th)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Mobile Phone _____

ROYAL AMBASSADORS DIRECTOR/COORDINATOR (boys 1st-6th)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Mobile Phone _____

ACTEENS DIRECTOR/COORDINATOR (girls 7th-12th)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Mobile Phone _____

CHALLENGERS DIRECTOR/COORDINATOR (boys 7th-12th)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Mobile Phone _____

YOUTH IN ACTION DIRECTOR/COORDINATOR (Youth 7th-12th)

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