

- Please report the leadership in your congregation by filling out this form and returning it to the NWMN Synod office by March 9th, 2026.
- Primary communication for leadership is by email. Any mail for church leadership will be sent to the church.
- **It is very important that we have complete information for each congregation in the Synod.**

A fillable online version of this form is also available on the Synod website at: www.nwmnsynod.org/pages/congregation-forms

Congregation _____ Congregation ID# _____

Mailing Address _____

City/State/ZIP _____

Physical Location of Congregation _____
(if different from mailing address)

Congregation Office Phone _____

Congregation Email Address _____

Congregation Website _____

If you are part of a multi-point parish, name of parish: _____

Church/Parish Leadership

Rostered Minister/SAM _____ Position _____

(if more than one rostered minister or SAM, please add additional names and contact information on the back of this form)

Home Mailing Address _____

City/State/ZIP _____

Home Phone _____ Cell Number _____

Preferred Email Address _____

Parish/Church Office Secretary _____

Preferred Phone Number _____

Preferred Email Address _____

Congregation President _____

Preferred Phone Number _____

Preferred Email Address _____

Council Treasurer _____

Preferred Phone Number _____

Preferred Email Address _____

Do you have any members from confirmation age—29 years old serving on your church council? _____

Do you have a Foundation/Endowment? If yes, please complete contact information on the reverse.

☐ _____
Yes

☐ _____
No

OVER

Additional Leadership (including Youth, visitation, etc.)

Rostered Minister/SAM/Youth _____ Position _____

Home Mailing Address _____

City/State/ZIP _____

Home Phone _____ Cell Number _____

Preferred Email Address _____

Rostered Minister/SAM/Youth _____ Position _____

Home Mailing Address _____

City/State/ZIP _____

Home Phone _____ Cell Number _____

Preferred Email Address _____

Lay Leadership (including WELCA Chair, parish nurse, etc.)

Youth Leader _____

Preferred Phone Number _____

Preferred Email Address _____

Name _____ Position _____

Preferred Phone Number _____

Preferred Email Address _____

Name _____ Position _____

Preferred Phone Number _____

Preferred Email Address _____

Name _____ Position _____

Preferred Phone Number _____

Preferred Email Address _____

Foundation/Endowment Contact Information

Name _____

Preferred Phone Number _____

Preferred Email Address _____

CHECKING HERE GIVES PERMISSION FOR ALL LEADERS LISTED TO RECEIVE THE SYNOD'S E-NEWS. _____

Thank You! Please return by March 9th, 2026:

Mail to:

Northwestern Minnesota Synod
901 8th St S
Moorhead, MN 56562

Email to:

rhaun@cord.edu
(Rachel Haun, Office
Administrator)

Fill out online at:

<https://www.nwmnsynod.org/pages/congregation-forms>