



Change Of Name/Address Reporter Or Pastor

NOTE: Send this form only if a name change or address change occurs.

Reporter

Date	Circuit
Congregation: _____	
Address: _____	

<u>New Reporter:</u> Yes ___ No ___	<u>New Pastor:</u> Yes ___ No ___
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Name: _____	Name: _____
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Address: _____	Address: _____
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Zip Code	Zip Code
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Phone: _____	Phone: _____
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Fax: _____	Fax: _____
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E-mail: _____	E-mail: _____
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(Name of Outgoing Reporter)	Zip Code
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If you are a new reporter, do you have the following items:

	<u>Yes</u>	<u>NO</u>
Reporter's Handbook	_____	_____
LWMS Brochure	_____	_____
Befriend a Mission Brochure	_____	_____

Thank you for the above information. You will be sent what you don't have.

Reporter's Signature

Please make two (2) copies of this form.

Send: One (1) to LWMS Central Office, 8410 West Cleveland Avenue #104, West Allis, WI 53227
One (1) to Secretary of your Circuit, if a member of a circuit.