

LEBANON VIRGINIA BAPTIST ASSOCIATION and ALLIED BODIES



**Pastor's Information Request Form**

CHURCH NAME: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHURCH WEBSITE ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
PASTOR'S SIGNATURE

\_\_\_\_\_  
DATE