

HPEMBA Information Sheet

Date: _____



In an effort to make sure we have the most current information possible, we ask that you complete this form for the Executive Secretary of the HPEMBA. We want to make sure that you are well informed of upcoming meetings, fellowships and services.

PLEASE PRINT CLEARLY

****PLEASE INDICATE WHERE YOU WOULD LIKE FOR ALL HPEMBA CORRESPONDENCE TO BE SENT:**

(Check all that apply)

Home: _____ Church: _____ Text: _____ Email: *(please provide below)* _____

Other: *(please indicate where)* _____

Your Name: _____

Church Name: _____

Your Position: Pastor _____ Minister _____ Other: *(please specify-i.e.: Sunday School Superintendent, etc.)* _____

Pastor's Name: *(leave blank if same as above)* _____

Church Mailing Address: _____

City: _____ Zip: _____

Church Phone Number: (____) ____ - ____

Home Mailing Address: _____

City: _____ Zip: _____

Home Number: (____) ____ - ____ Cell Number: (____) ____ - ____

Email Address: _____

1. Does your church have a website? Yes ____ No ____

If yes, please provide the web address: _____

*****If you currently don't have a church website but would like for your church to have a web presence, please check here so we can provide you with information in regards to creating a web page for your church)**

a. Yes, send me information: _____

2. Are you the President of a HPEMBA Auxiliary? Yes ____ No ____

If yes, which one? _____

3. Are you a member of any HPEMBA Auxiliary? Yes ____ No ____

If yes, please list and include position: _____

Website: www.hpassociation.com

Email: gohighpoint@gmail.com