

# Annual Church Health Assessment

**PACIFIC CONFERENCE**  
of the EVANGELICAL CHURCH



Return to: 11501 SE Sunnyside Rd, Suite 200, Clackamas OR 97015 (or) [nancy@pacificecna.org](mailto:nancy@pacificecna.org)

Church Name \_\_\_\_\_ Year \_\_\_\_\_

LOCAL COUNCIL	Name	Address City/ST/Zip	Phone	Email
Pastor				
Lay Leader				
Lay Member to Annual Conf.				
Pastor Parish Chair				
Trustee Chair				
Other				

# Annual Church Health Assessment

**PACIFIC CONFERENCE**  
of the EVANGELICAL CHURCH



Church Treasurer				
------------------	--	--	--	--

PASTOR PARISH	Name	Address City/ST/Zip	Phone	Email
Chair				
Term Ends				
Pastor's Representative				
Term Ends _____				
Term Ends _____				
Term Ends _____				
Term Ends _____				
Lay Member to Annual Conf.				
List additional Lay Members to Annual Conference (non-PPRC)				
LAY MEMBER				
LAY MEMBER				
ALTERNATE				
ALTERNATE				