

COR STEERING COMMITTEE REGIONAL MEMBERSHIP REPORT

FOR REGION: 1 2 3 4 5 6

DATE: _____

1. STEERING COMMITTEE CHAIRPERSON: _____

ADDRESS: _____

EMAIL: _____ PHONE _____

CONGREGATION: _____

BEGINNING AND END DATE OF TERM: _____

2. ADDITIONAL STEERING COMMITTEE OFFICERS (SEE BY-LAW 9.5):

NAME _____ CONGREGATION _____

TITLE: _____ TERM: _____ EMAIL: _____

NAME _____ CONGREGATION _____

TITLE: _____ TERM: _____ EMAIL: _____

NAME _____ CONGREGATION _____

TITLE: _____ TERM: _____ EMAIL: _____

NAME _____ CONGREGATION _____

TITLE: _____ TERM: _____ EMAIL: _____

3. STEERING COMMITTEE MEMBERS:

PLEASE ATTACH TO THIS REPORT A SEPARATE SHEET OF PAPER WITH THE NAME, EMAIL AND CONGREGATION OF EACH STEERING COMMITTEE MEMBER.

4. NAME OF NEWSLETTER: _____

HOW OFTEN IS THE NEWSLETTER PUBLISHED? _____

WHO RECEIVES IT? _____

5. **ANNUAL DUES AMOUNT:** _____ **NUMBER OF DUES PAYING MEMBERS:** _____

DUES ARE USED FOR WHAT PURPOSES? _____

6. **IF YOUR REGION HAS CLUSTER AREAS, PLEASE LIST BELOW EACH CLUSTER AREA WITH THE NAME OF THE PERSON IN THAT CLUSTER AREA WHO COMMUNICATES WITH THE STEERING COMMITTEE CHAIR.**

7. **DOES YOUR REGION BELIEVE IT SHOULD DIVIDE INTO TWO OR MORE REGIONS, CLUSTERS, OR AREAS?**

8. **DESCRIBE HOW OFTEN AND WHAT KIND OF PROGRAMS YOUR REGION OR CLUSTER AREAS SPONSOR.**

9. **ANYTHING ELSE YOU BELIEVE THE COR EXECUTIVE COMMITTEE SHOULD KNOW ABOUT YOUR STEERING COMMITTEE OR REGION?** _____