

LOCAL NMI COUNCIL

Please return this form to _____ by _____

Church _____ Church Year _____

	Name	Address	City	State	Zip	E-Mail Address	Phone
President							
Vice President							
Secretary							
Treasurer							
Prayer & Fasting							
Mission Education							
Publicity							
LINKS							
Children's Missions							
Youth Missions							
Work & Witness							
Alabaster							
Compassionate Ministries							
Missionary Health Care							
World Mission Broadcast							
Mission Call Coordinator							
Other							