



Church Educator Form

Educator (Full Name): _____

(Preferred name): _____

Spouse: _____

Church: _____

Preferred Mailing Address: _____

Work Phone: _____ Extn: _____

Home Phone: _____ (Cell Phone): _____

E-mail: _____

Year of entry into Salem Presbytery: _____

Year in the field of Christian Education: _____

Level of Education: _____

Specialty: _____

Church Job Title: _____

Send this form to the Presbytery Office to the attention of Bre Van Dorpe.
Save & Email form to bvandorpe@salempresbytery.org
or mail to: Salem Presbytery, Attn: Bre, P. O. Box 1763, Clemmons, NC 27012
or fax to: 336-766-7153.