

**BAYOU INTERFAITH SHARED COMMUNITY ORGANIZING
CHURCH INFORMATION**

NAME OF CHURCH: _____

**PHYSICAL
ADDRESS:** _____

**MAILING
ADDRESS:** _____

PHONE: (____) _____ **FAX:** (____) _____

E-MAIL: _____ **WEBPAGE:** _____

PASTOR: (____) _____ **TITLE:** _____

**OTHER
CLERGY:** _____

SERVICES (DAYS AND TIMES) _____

NUMBER OF CONGREGATION MEMBERS: _____

NUMBER OF CONGREGATION FAMILIES: _____

IN-KIND RESOURCES AVAILABLE FOR BISCO:

office space copy privileges bulletin notices meeting hall other _____

REPRESENTATIVES TO BISCO BOARD OF DIRECTORS:

1. **NAME:** _____

ADDRESS: _____

PHONE: _____

2. **NAME:** _____

ADDRESS: _____

PHONE: _____