Scottish Episcopal Church

General Synod of the Scottish Episcopal Church

Scottish Charity No SC0159

CONGREGATIONAL APPOINTMENTS & RESIGNATIONS

PLEASE COMPLETE AND RETURN TO
PUBLICATIONS SECRETARY, GENERAL SYNOD OFFICE, 21 GROSVENOR CRESCENT, EDINBURGH EH12 5EE

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Address: Postcode: Tel / Fax / e-mail: Name of person replaced: Please tick here if position vacant COMMENTS (if any)	CHURCH:	
Secretary Treasurer Group Treasurer Paying Officer Organist Other (please specify):	POSITION (please tick	as appropriate): Lay Representative
☐ Treasurer ☐ Group Treasurer ☐ Paying Officer ☐ Organist ☐ Other (please specify): ☐ APPOINTMENT ☐ RESIGNATION ☐ RESIGNATION ☐ FUIL name and title: ☐ Address: ☐ Postcode: ☐ Treasurer ☐ Group Treasurer ☐ Paying Officer ☐ Organist ☐ Other (please specify): ☐ APPOINTMENT/RESIGNATION ☐ FUIL name and title: ☐ Address: ☐ Postcode: ☐ Please tick here if position vacant ☐ COMMENTS (if any)		 Alternate Lay Representative
Group Treasurer Paying Officer Organist Other (please specify): RESIGNATION EFFECTIVE DATE OF APPOINTMENT/RESIGNATION Full name and title: Address: Postcode: Tel / Fax / e-mail: Name of person replaced: Please tick here if position vacant COMMENTS (if any)		☐ Secretary
Paying Officer Organist Other (please specify):		☐ Treasurer
□ Organist □ Other (please specify): □ APPOINTMENT □ RESIGNATION □ RESIGNATION □ REFFECTIVE DATE OF APPOINTMENT/RESIGNATION □ Full name and title: □ Address: □ □ Postcode: □ Tel / Fax / e-mail: □ Name of person replaced: □ Please tick here if position vacant □ □ COMMENTS (if any)		☐ Group Treasurer
Other (please specify): APPOINTMENT (please tick as appropriate) RESIGNATION EFFECTIVE DATE OF APPOINTMENT/RESIGNATION Full name and title: Address: Postcode: Tel / Fax / e-mail: Name of person replaced: Please tick here if position vacant COMMENTS (if any)		☐ Paying Officer
APPOINTMENT RESIGNATION EFFECTIVE DATE OF APPOINTMENT/RESIGNATION Full name and title: Address: Postcode: Tel / Fax / e-mail: Name of person replaced: Please tick here if position vacant COMMENTS (if any)		☐ Organist
RESIGNATION EFFECTIVE DATE OF APPOINTMENT/RESIGNATION Full name and title: Address: Postcode: Tel / Fax / e-mail: Name of person replaced: Please tick here if position vacant COMMENTS (if any)		Other (please specify):
□ RESIGNATION □ EFFECTIVE DATE OF APPOINTMENT/RESIGNATION □ Full name and title: □ Address: □ Postcode: □ Tel / Fax / e-mail: □ Name of person replaced: □ Please tick here if position vacant □ COMMENTS (if any)	☐ APPOINTMENT	
EFFECTIVE DATE OF APPOINTMENT/RESIGNATION		(please tick as appropriate)
Full name and title: Address: Postcode: Tel / Fax / e-mail: Name of person replaced: Please tick here if position vacant COMMENTS (if any)	☐ RESIGNATION ²	
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