

THE PRESBYTERY OF YELLOWSTONE MEETING REGISTRATION

Name: _____

Church: _____

Address: _____

Street or Box #

Town

Zip

Phone: _____ E- Mail: _____

I am a: ____ Minister Member of Yellowstone Presbytery.

I am a: ____ Elder Member of Yellowstone Presbytery.

I am a: ____ Elder Commissioner.

I am a: ____ Corresponding Member (Presbytery of _____).

I am a: ____ Visitor.