Pulpit Supply Contact Form Southeastern Pennsylvania Synod, ELCA

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Please mark your title and fill in your name and contact information below.									
Title:	Rev.	Deacon	Sister	Dr.	Mr.	Mrs.	Ms.	Other _	
Name	e:								
Phone: Emai				ail:					
Home	e Street A	ddress:							
Home	e City:				_State:		ZIP:		
Cong	regation o	f Membersh	ip (name/	city/sta	te):				
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Who	provide	d your last	professi	onal e	thics / b	ounda	ries tra	ining?	
		d you atte		equired to co	omplete a SEF	^P A Boundaries	Workshop e	every three years.	

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In which SEPA Synod Conferences are you willing to serve?

Central Philadelphia Conference

Chester Conference

Delaware Conference

Lower Bucks Conference

Lower Montgomery Conference

Northeast/Northwest Philadelphia Conference

Upper Bucks Conference

Upper Montgomery Conference

Digital services in any conference

Please return the completed form to the Rev. Karen Sease via Email to ksease@sepa.org or US Mail at: SEPA Synod, Wiedemann Ctr., 7241 Germantown Ave., Philadelphia PA 19119