Leader Membership Form

Please provide contact information for all CSB program coordinators and leaders. Please return form to CSB Ministries, Box 150, Wheaton, IL 60187.

Check which apply: ☐ Tadpoles ☐ Tree Climbers ☐ Stockade ☐ Battalion

Leadership Positions	**Name and Address** **(All Adult Leaders)** *Include: name, street & PO box #, city, state, zip*	**Phone and e-mail**
ML MAS KMA		

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