

Zone Officers – LWML South Wisconsin

Zone # _____ **Date** _____
(to be filled out by current Zone President or outgoing president - deadline as soon after elections as possible)

Zone President _____ **Elected in (year)** _____ **for** ____ **years**
Address, City, Zip _____
Phone _____ Email _____
Church _____

Zone Vice President _____ **Elected in (year)** _____ **for** ____ **years**
Address, City, Zip _____
Phone _____ Email _____
Church _____

Zone Secretary _____ **Elected in (year)** _____ **for** ____ **years**
Address, City, Zip _____
Phone _____ Email _____
Church _____

Zone Treasurer _____ **Elected in (year)** _____ **for** ____ **years**
Address, City, Zip _____
Phone _____ Email _____
Church _____

Zone Christian Life Chairman _____ **Elected in (year)** _____ **for** ____ **years**
Address, City, Zip _____
Phone _____ Email _____
Church _____

Zone SP Focus Ministries _____ **Elected in (year)** _____ **for** ____ **years**
Address, City, Zip _____
Phone _____ Email _____
Church _____

Zone Pastoral Counselor _____ **Elected in (year)** _____ **for** ____ **years**
Address, City, Zip _____
Phone _____ Email _____
Church _____

Fill this form immediately after your zone election.

Return 1 (one copy) of your completed form via email (preferred) or via postal mail.

RETURN TO THE ADDRESS BELOW

Barb Kaun, LWML SWD Corresponding Secretary

316 Thomas Ct., Neenah WI 54956 Telephone 920-720-9689(no texts) correspondingsecretary@lwml-swd.org

If needed, add additional officers on the back of this page. Thank you.