LWML SWD - SOCIETY/GROUP OFFICERS

Please fill out form completely and return one copy to the Corresponding Secretary via Email attachment to <u>correspondingsecretary@lwml-swd.org</u>

Return immediately after annual election OR no later than Nov. 15 for Statistical Report

PLEASE PRINT	OR TYPE	Circle One:	Active Group	Supporting Group -	Disbanded Group
				Date:	
SOCIETY	(Name):			-	
<u>CHURCH</u>					
	Address:			Zin Code	
	City			Zip Code:	
PRESIDENT	(Name):			Telephone:	
OR CONTACT	Addrocc:			Email	
VICE PRESIDE				- · ·	
	(Name):			I elephone:	
	Address:			Email: Zip Codo:	
	City			Zip Code:	
SECRETARY	(Name):			Telephone:	
<u></u>	Addrooo			Emoile	
				Zip Code:	
TREASURER	(Name):			Telephone:	
	Address:			Email:	
	City:			Zip Code:	
CHRISTIAN LI	EC				
CHAIR CHAIR	<u> </u>			Telephone [.]	
				Email:	
	City:			Zip Code:	
	· _			'	
OTHER:	(Name):			Telephone:	
	Address:			Email:	
	City:			Zip Code:	
PASTOR	(Name):			Telephone:	
Church	h Address:			Email:	
	City:			Zip Code:	
				Neuralisen of	
Number of Members:				Number of Quarterlies:	
				Quarternes:	
Society Meeting Date:				Election	
	J =				
	No Email? P	lease mail 1 copy	<u>y</u> immediately afte	r your election or <u>no later</u>	than Nov. <u>15</u>
		Barb Kaun,	LWML SWD Con	responding Secretary	
				Veenah, WI 54956	
		(920) 720	- 9689 correspond	lingsecretary@lwml-swd.c	org