

Please fill out form completely and return one copy to the Corresponding Secretary via Email. Return immediately after annual election. Note: If you do not have Email, see instructions below.

SOCIETY OFFICERS – LWML - SOUTH WISCONSIN DISTRICT

PLEASE PRINT OR TYPE

SOCIETY (Name): _____ Date: _____
Zone #: _____

CHURCH (Name): _____
Address: _____
City: _____ Zip Code: _____

PRESIDENT (Name): _____ Telephone: _____
Address: _____ Email: _____
City: _____ Zip Code: _____

VICE PRESIDENT
(Name): _____ Telephone: _____
Address: _____ Email: _____
City: _____ Zip Code: _____

SECRETARY (Name): _____ Telephone: _____
Address: _____ Email: _____
City: _____ Zip Code: _____

TREASURER (Name): _____ Telephone: _____
Address: _____ Email: _____
City: _____ Zip Code: _____

CHRISTIAN LIFE
CHAIR (Name): _____ Telephone: _____
Address: _____ Email: _____
City: _____ Zip Code: _____

SPECIAL FOCUS
MINISTRIES (Name): _____ Telephone: _____
Address: _____ Email: _____
City: _____ Zip Code: _____

LEADER DEVELOPMENT CHAIR OR OTHER: (Use back of the form if necessary:

PASTOR (Name): _____ Telephone: _____
Address: _____ Email: _____
City: _____ Zip Code: _____

Number of Members: _____ Number of Quarterly Orders: _____
Society Meeting Date: _____ Month of Election: _____

NOTE: If you do not have Email: *Please return 1 copy immediately after your election.* THANK YOU!
Claudia Fairfield, LWML SWD Corresponding Secretary, 626 South Main, Westfield, WI 53964
608-296-4012 Email: correspondingsecretar.lwml.swd@gmail.com