LWML SWD - SOCIETY/GROUP OFFICERS

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

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): _____ **Zone #**: _____

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

CONTACT (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: _____

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

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

Number of Members: _____ **Number of Quarterlies:** _____

Society Meeting Date: _____ **Month of Election:** _____

No Email? ***Please mail 1 copy immediately after your election or no later than Nov. 15***

Jan Koopman, LWML SWD Corresponding Secretary
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(262) 933-1483 correspondingsecretary@lwml-swd.org