

NWD LWML Society Information Sheet

RETURN BY NOVEMBER 30

1. Fill in the appropriate information below.
2. Make one copy for your **SOCIETY** files.
3. Make one copy and send it to your **ZONE** President.
4. Send this completed form to the N. Wis. Dist. LWML **Corresponding Secretary**.
(Her address is available in the latest *Mission Tidings*.)

You are encouraged to elect your officers before Nov. 30, but if that is not possible, send this form in by Nov. 30 with your current officers listed and then send an updated version after elections.

ZONE # _____ **Today's Date** _____
Society Name _____ Number of Members _____
Church Name _____
Church Address _____ P.O. Box _____
City _____ State _____ Zip _____
Church's Phone Number (_____) _____ Pastor's Name _____

SOCIETY PRESIDENT

Name _____
Address _____
P.O. Box _____
City _____
State _____ Zip _____
Phone Number (_____) _____
Email Address _____

SOCIETY VICE PRESIDENT / HUMAN CARE

Name _____
Address _____
P.O. Box _____
City _____
State _____ Zip _____
Phone Number (_____) _____
Email Address _____

SOCIETY SECRETARY

Name _____
Address _____
P.O. Box _____
City _____
State _____ Zip _____
Phone Number (_____) _____
Email Address _____

SOCIETY TREASURER

Name _____
Address _____
P.O. Box _____
City _____
State _____ Zip _____
Phone Number (_____) _____
Email Address _____