

Lutheran Women's Missionary League Society Election Report Form

Society Presidents, *please complete this form within two weeks following the election of your officers* and e-mail to your Zone President. This form has changed so please look it over carefully.

Any questions can be directed to your Zone President. Please send this form by e-mail format for easier reading. Thanks so much for assisting in keeping our information current..

Society Information

Zone _____ City _____

Church Name _____

Church address _____ Zip _____

Church Phone _____

Church e-mail: _____

Number of Society Members _____

Society Name _____

Meeting Day & Time: (monthly, quarterly) _____

Election: (month & year) _____

Officer Information

Pastor

Name _____

Address _____ City/State/Zip _____

_____ Phone _____ Cell _____

_____ Fax _____

e-mail _____

President

Name _____

Address _____ City/State/Zip _____

_____ Phone _____ Cell _____

_____ Fax _____

e-mail _____

Vice President

Name _____
Address _____ City/State/Zip _____
_____ Phone _____ Cell _____
_____ Fax _____
e-mail _____

Secretary

Name _____
Address _____ City/State/Zip _____
_____ Phone _____ Cell _____
_____ Fax _____
e-mail _____

Treasurer

Name _____
Address _____ City/State/Zip _____
_____ Phone _____ Cell _____
_____ Fax _____
e-mail _____

Christian Growth/Life

Name _____
Address _____ City/State/Zip _____
_____ Phone _____ Cell _____
_____ Fax _____
e-mail _____

Mission Service/Human Care

Name _____
Address _____ City/State/Zip _____
_____ Phone _____ Cell _____
_____ Fax _____
e-mail _____

Mission Projects/Gospel Outreach

Name _____
Address _____ City/State/Zip _____
_____ Phone _____ Cell _____
_____ Fax _____
e-mail _____

Member/Leader Development:

Name _____ Phone _____
Address _____ Email _____
City/State/Zip _____ Fax _____
Other _____

Teen Coordinator (If you have a Teen group)

Name _____
Address _____ City/State/Zip _____
_____ Phone _____ Cell _____
_____ Fax _____
e-mail _____

Archivist

Name _____
Address _____ City/State/Zip _____
_____ Phone _____ Cell _____
_____ Fax _____
e-mail _____

Other