

**LWML SOCIETY OFFICER INFORMATION
NEBRASKA SOUTH DISTRICT**

Dear Society President: Please complete the following information for your 2018-2019 SOCIETY officers. This information will be used for the district contact directory and for our archivist/historian records. Please print, complete & mail 4 copies to your zone president by November 20, 2017. Please keep 1 copy for your society records.

ZONE: _____

TOWN: _____

SOCIETY: _____

OF MEMBERS: _____

OF THE QUARTERLIES: _____

Dollar Amount of Mites given from

July 1, 2016-June 30, 2017: \$ _____

SUGGESTED DONATION: _____ (The District will pay for as many members as you have noted. Any # over that amount should be reimbursed to the Financial Secretary. If your society chooses to remit the suggested **\$5/member** for "The Quarterly", please send the check to Vicky Van Velson, 714 Stewart Ave, North Platte NE 69101 & mark your society & zone in the memo along with "Quarterly")

IF there are no changes in officers from last year.....**MARK THIS area with a check mark.** _____

There is no need to fill in the exact same information again. **PLEASE Continue to LIST THE # OF MEMBERS & # OF QUARTERLIES NEEDED.**

PASTOR NAME: _____

Church Address: _____

City, ZIP: _____ **Contact Number:** _____

Email Address: _____

PRESIDENT NAME: _____

Mailing Address: _____

City, Zip: _____ **Contact Number:** _____

Email Address: _____

VICE PRESIDENT NAME: _____

Mailing Address: _____

City, Zip: _____ **Contact Number:** _____

Email Address: _____

SECRETARY NAME: _____

Mailing Address: _____

City, Zip: _____ **Contact Number:** _____

Email Address: _____

TREASURER NAME: _____

Mailing Address: _____

City, Zip: _____ **Contact Number:** _____

Email Address: _____

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CHRISTIAN LIFE NAME: _____
Mailing Address: _____
City, Zip: _____ **Contact Number:** _____
Email Address: _____

LEADER DEVELOPMENT NAME: _____
Mailing Address: _____
City, Zip: _____ **Contact Number:** _____
Email Address: _____

HUMAN CARE NAME: _____
Mailing Address: _____
City, Zip: _____ **Contact Number:** _____
Email Address: _____

ARCHIVIST NAME: _____
Mailing Address: _____
City, Zip: _____ **Contact Number:** _____
Email Address: _____

Please mail 4 copies of this form to your Zone President by November 20, 2017. Be sure to keep a copy for your own records.