

**LWML ZONE OFFICER INFORMATION
NEBRASKA SOUTH DISTRICT**

Dear Zone President: Please complete the following information for your 2018-2019 ZONE officers. This information will be used for the District contact directory. If using Microsoft Word, you can fill out the form directly, save to your hard drive & attach this form electronically & send via email to f_anderson@msn.com AND communications@lwmlnesouth.org. Otherwise, please print, complete & mail 1 copy to the address @ the end of this email. Please keep 1 copy for your Zone records.

ZONE: _____

TOWN: _____

PASTOR NAME: _____ Spouse: _____
Church Address: _____
City, ZIP: _____ Contact Number: _____
Email Address: _____

ZONE PRESIDENT NAME: _____ Spouse: _____
Mailing Address: _____
City, Zip: _____ Contact Number: _____
Email Address: _____

ZONE VICE PRESIDENT NAME: _____ Spouse: _____
Mailing Address: _____
City, Zip: _____ Contact Number: _____
Email Address: _____

ZONE SECRETARY NAME: _____ Spouse: _____
Mailing Address: _____
City, Zip: _____ Contact Number: _____
Email Address: _____

ZONE TREASURER NAME: _____ Spouse: _____
Mailing Address: _____
City, Zip: _____ Contact Number: _____
Email Address: _____

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

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

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

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

As you know: I am the District VP of Communication so please mail this form to:

**KATHY ANDERSON
2127 VIKING ROAD
GRAND ISLAND, NE 68803**

OR

**Email this form to: f_anderson@msn.com
Blessings & thank you so much!**

NEEDED BY DECEMBER 1st @ the very latest to assure inclusion in the District LWML Directory!