

## LWML Mid-South District Group Change of Officers Form



After each election of new officers in your group, please submit the changes to your Zone Corresponding Secretary as soon as possible.

### Submitter Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Church Information:

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pastor Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Group Information:

Group Name: \_\_\_\_\_ #Members: \_\_\_\_\_ Election Month: \_\_\_\_\_

Meeting Frequency: \_\_\_\_\_ Day/Time: \_\_\_\_\_

### Lutheran Women's Quarterly Information:

Count: \_\_\_\_\_ LWQ Coordinator Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Officer Information:

President Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Committee Chairmen Information:**

Committee Name: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_