

REQUEST FOR LWML CNH DISTRICT REPRESENTATIVE VISIT

Date _____

Name/Number of Zone _____

Type of Activity _____

Theme or Program Topic _____

Date of Event _____

Location _____

Representative requested (Check One)

- District President**
- Vice President Convention Planning**
- Vice President Christian Life**
- Vice President Gospel Outreach**
- Vice President Special Focus Ministries**
- Vice President Organizational Resources**
- Any District Officer or Appointed Personnel Available**

Signed by Zone President _____

Address: _____

Phone and Email: _____

Email to: Martha E. Dubke, President, LWML CNH
medubke53@yahoo.com

Approved: _____

Your request has been approved and the following Executive Committee Member will attend your Zone event: _____

Signature of District President

Date