

# LWML SOCIETY/GROUP RECORD FORM

## California-Nevada-Hawaii District

Date: \_\_\_\_\_

Society/Group Name: \_\_\_\_\_ Zone #: \_\_\_\_\_

Church: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please print name, address, email and phone number of the following society/group officers or contact person:

Society President or Contact: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Society Treasurer or Secondary Contact: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

When there is a change of officers, please complete a new form and give one copy to your Zone President and mail a second copy to:

Karen Mauer  
Mailing Coordinator  
501 Muir Court  
Vacaville, CA 95687