

**SOCIETY RECORD FORM**

**Lutheran Women's Missionary League  
California-Nevada-Hawaii District**

Date \_\_\_\_\_

Society Name \_\_\_\_\_ Zone # \_\_\_\_\_

Church \_\_\_\_\_

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

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

Pastor \_\_\_\_\_ No. of Society Members \_\_\_\_\_

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

President \_\_\_\_\_

\_\_\_\_\_

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

V. President \_\_\_\_\_

\_\_\_\_\_

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

Secretary \_\_\_\_\_

\_\_\_\_\_

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

Treasurer \_\_\_\_\_

\_\_\_\_\_

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**