



CHRISTIAN WOMEN CONNECTION

LOCAL OFFICER/LEADER LIST

This page is for incoming leaders only. Complete the name and address of each local leader/officer. Send the completed form to your state president.

State Coordinator/President Name: _____

District Name (use only if your state has multiple presidents): _____

Congregation Name: _____

City/State: _____

Position _____

Name _____

Address _____

City _____

State _____ zip _____

Daytime phone # _____

Position _____

Name _____

Address _____

City _____

State _____ zip _____

Daytime phone # _____

Position _____

Name _____

Address _____

City _____

State _____ zip _____

Daytime phone # _____

Position _____

Name _____

Address _____

City _____

State _____ zip _____

Daytime phone # _____

Position _____

Name _____

Address _____

City _____

State _____ zip _____

Daytime phone # _____

Position _____

Name _____

Address _____

City _____

State _____ zip _____

Daytime phone # _____

Make copies of this form as needed.