



CHRISTIAN WOMEN CONNECTION

NATIONAL MAILING LIST FORM

This page is for the incoming coordinator/leader only. Complete the form after the new coordinator/leader has been selected. Please send this form to Christian Women Connection.

Name of the coordinator/leader _____

Street Address/Route/Box # _____

City _____ State _____ Zip _____

Area Code/Phone # _____

E-Mail Address _____

Group Name _____

Number of Partners _____

Average Meeting Attendance _____

Former Leader's Name _____

Pastor's Name _____

Name of Congregation _____

City _____ State _____ Zip _____

Return this form to:

Christian Women Connection

P.O. box 2328

Anderson, IN 46018-2328

Policy: the national office of Christian Women Connection attempts to remain in contact with every local group each year through annual mailings. By completing this form and returning it to the national office, you insure that we have the correct information so that the right person will receive these mailings.

If your congregation has been receiving one mailing only but has more than one group, please make copies of this form and complete a form for each group. Once we receive the form for each group, they will receive their own mailing.

Make copies of this form as needed.