2019 HERITAGE DISTRICT UNITED METHODIST WOMEN Local Unit Elected Officers

UNIT NAME		
ADDRESS		
MEETING TIMES: Day (of week)	(of month)	Time
m		
	officers are required by the Co	
Please con	nplete this form and return as soon a	as possible
PRESIDENT	TELE	PHONE
Street, City, Zip	E-Mail	
, , , ,		
VICE PRESIDENT	TELEPHONE	
Street, City, Zip	E-Mail	
CECDETA DV	TELE	DILONE
SECRETARYStreet, City, Zip	IELE	PHONE
Street, City, Zip	E-Man	
TREASURER	TELEPHONE	
Street, City, Zip		
, , ,		
NOMINATIONS CHAIR		
Street, City, Zip	E-Mail	
PROGRAM RESOURCES CHAIR_	TE	EDIIONE
Street, City, Zip	E Moil	LEFHUNE
Street, City, Zip	E-Waii	
MISSION COORDINATOR FOR SPI	IRITUAL GROWTH	
	TELEPH	IONE
Street, City, Zip	E-Mail	
MISSION COORDINATOR FOR ED		
Name	TELEPH	IONE
Street, City, Zip	E-Mail	
MICCION COORDINATION FOR CO	CLAT ACTION	
MISSION COORDINATOR FOR SO		IONE
Name	TELEPF E-Mail	
Street, City, Zip	E-Maii	
MISSION COORDINATOR FOR ME	EMBERSHIP NURTURE & OUT	REACH
		IONE
Street, City, Zip	E-Mail	
Street, City, Zip		
 Please type or print legibly (you can us Please provide all the requested information 	se a separate sheet if desired, just ma	ake sure all the information is there)
2. Please provide all the requested information and provide all the requested all the requ	nation, even if you are a returning o	meer; this will nelp prevent errors
continuing from one year to the next 3. List any others who wish to receive ma	ailings from the District on a separat	te niece of naner with complete name
and address information.	annigs from the District on a separa	te piece of paper, with complete name
and day of information		
Mail this completed form to:	Please call if you have any questi	ons: (734)269-2578
Sherry Wagenknecht		
4033 Douglas Road		
Ida 48140		

If you prefer, you may e-mail the information to: Sherry Wagenknecht < Wagen88@hotmail.com>