# 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:

Roxan Schwab

CNH LWML President

21020 Disch Road

Lockeford, CA 95237