UNITED METHODIST WOMEN _____ DISTRICT

LOCAL UNIT OFFICER REPORT

LOCAL UNITS: Return by **November 30th** Annually to District Secretary
DISTRICT MISSION TEAM: Return by December 10th to all Conference Mission Team

Local Units only are required to have President and Treasurer. All other offices are optional.

YEAR	LOCAL UNIT / DISTRICT (specify which)

	PRESIDENT	TREASURER	SECRETARY
Name			
Address			
City, St Zip			
Phone			
E-mail			
	VICE PRESIDENT	**COMMUNICATIONS**	**PROGRAM RESOURCES**
Name			
Address			
City, St Zip			
Phone			
E-mail			
	MEMBERSHIP N&O	**SOCIAL ACTION**	**SPIRITUAL GROWTH**
Name			
Address			
City, St Zip			
Phone			
E-mail			
	EDUCATION & INTERP	**NOMINATIONS**	**OTHER**
Name			
Address			
City, St Zip			
Phone			
E-mail			
		DATE OF REPORT	
		NOTE: to take office January 1	