

**North Alabama Conference United Methodist Women
Local Unit Officers**

YEAR _____

DISTRICT _____ **LOCAL UNIT** _____

President _____ **Class of** _____

Name _____

_____ Last _____ First _____ Middle _____

Address _____

_____ Street _____ City _____ Zip _____

Home # _____ Work # _____ Fax # _____ E-mail _____

_____ (Area Code) _____

Vice President _____ **Class of** _____

Name _____

_____ Last _____ First _____ Middle _____

Address _____

_____ Street _____ City _____ Zip _____

Home # _____ Work # _____ Fax # _____ E-mail _____

_____ (Area Code) _____

Secretary _____ **Class of** _____

Name _____

_____ Last _____ First _____ Middle _____

Address _____

_____ Street _____ City _____ Zip _____

Home # _____ Work # _____ Fax # _____ E-mail _____

_____ (Area Code) _____

Treasurer _____ **Class of** _____

Name _____

_____ Last _____ First _____ Middle _____

Address _____

_____ Street _____ City _____ Zip _____

Home # _____ Work # _____ Fax # _____ E-mail _____

_____ (Area Code) _____

Education and Interpretation Coordinator _____ **Class of** _____

Name _____

_____ Last _____ First _____ Middle _____

Address _____

_____ Street _____ City _____ Zip _____

Home # _____ Work # _____ Fax # _____ E-mail _____

_____ (Area Code) _____

Membership Nurture and Outreach Coordinator _____ **Class of** _____

Name _____

_____ Last _____ First _____ Middle _____

Address _____

_____ Street _____ City _____ Zip _____

Home # _____ Work # _____ Fax # _____ E-mail _____

_____ (Area Code) _____

Social Action Coordinator

Class of _____

Name

Last First Middle

Address

Street City Zip

Home #

(Area Code) Work # Fax # E-mail

Spiritual Growth Coordinator

Class of _____

Name

Last First Middle

Address

Street City Zip

Home #

(Area Code) Work # Fax # E-mail

Secretary of Program Resources

Class of _____

Name

Last First Middle

Address

Street City Zip

Home #

(Area Code) Work # Fax # E-mail

Communications Coordinator

Class of _____

Name

Last First Middle

Address

Street City Zip

Home #

(Area Code) Work # Fax # E-mail

Chairperson, Committee on Nominations

Class of _____

Name

Last First Middle

Address

Street City Zip

Home #

(Area Code) Work # Fax # E-mail

Committee on Nominations

Class of _____

Name

Last First Middle

Address

Street City Zip

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(Area Code) Work # Fax # E-mail

Committee on Nominations

Class of _____

Name _____
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 (Area Code)

Committee on Nominations

Class of _____

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Committee on Nominations

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 (Area Code)

Committee on Nominations

Class of _____

Name _____
 Last First Middle

Address _____
 Street City Zip

Home # _____ Work # _____ Fax # _____ E-mail _____
 (Area Code)

Appointed Officer: _____

Name _____
 Last First Middle

Address _____
 Street City Zip

Home # _____ Work # _____ Fax # _____ E-mail _____
 (Area Code)

Appointed Officer: _____
Name _____
Last First Middle
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Street City Zip
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(Area Code)

RETURN BY NOVEMBER 1 TO YOUR DISTRICT SECRETARY

[Add Additional Pages if Necessary]