



LWML–Canada ABC District Society Contact Form

Society Information as of this date _____

[clear form](#)

Church Name: _____

Church Address: _____
Street Address *Unit #*

_____ _____
City *Prov* *Postal Code*

Church Phone: _____ Pastor's Name: _____

Church Email _____

Society President : _____
(or contact person)

Address: _____
Street Address *Unit #*

_____ _____
City *Prov* *Postal Code*

_____ _____
Phone No *Email*

Society Treasurer : _____

Address: _____
Street Address *Unit #*

_____ _____
City *Prov* *Postal Code*

_____ _____
Phone No. *Email*

If you have someone taking the lead for the following areas, please submit their contact information, including name, phone & email:

Secretary: _____

Christian Mission: _____

Christian Growth: _____

Member
Development: _____

Communication: _____

Number of society Members: _____ **Email Flashlight to:** _____

Please complete the form and return it to your Zone representative, who will send a copy to the District President. Retain a copy for your Society records.

