

**LOCAL WOMEN ACTIVE FOR CHRIST  
ANNUAL REPORT TO DISTRICT (\*State or WNAC) CONVENTION**

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**(Name of Local Group)**

For year beginning \_\_\_\_\_ ending \_\_\_\_\_  
Year Month Year Month

**MEMBERSHIP**

Members at beginning of year \_\_\_\_\_ Members at end of year \_\_\_\_\_

Membership dues paid:

District \$ \_\_\_\_\_ State \$ \_\_\_\_\_ National \$ \_\_\_\_\_ Total \_\_\_\_\_

**YOUNG WOMEN ACTIVE FOR CHRIST**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number of members \_\_\_\_\_

**OFFICERS FOR 20 \_\_\_\_\_ TO 20 \_\_\_\_\_**  
Year Year

(Name, address, telephone number, and email)

**Coordinator** \_\_\_\_\_

\_\_\_\_\_  
**Assistant Coordinator** \_\_\_\_\_

\_\_\_\_\_  
**Secretary** \_\_\_\_\_

\_\_\_\_\_  
**Treasurer** \_\_\_\_\_

\_\_\_\_\_  
**Mission's Chairman** \_\_\_\_\_

\_\_\_\_\_

**Study Chairman** \_\_\_\_\_

\_\_\_\_\_

**Prayer Chairman** \_\_\_\_\_

\_\_\_\_\_

**Service Chairman** \_\_\_\_\_

\_\_\_\_\_

**Other** \_\_\_\_\_

\_\_\_\_\_

**Delegates to District (\*State or WNAC) Convention (Names & Addresses)**

\_\_\_\_\_

\_\_\_\_\_

**Suggested Resolutions or Requests:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Local groups report directly to the state convention when there is no district convention and directly to WNAC when no state or district convention exists.**