

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

(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 _____

Missions' 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.**