

**ANNUAL STATE WAC REPORT  
TO THE WNAC CONVENTION**

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**(STATE Convention Name)**

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

**DISTRICT CONVENTIONS**

Number at beginning of year \_\_\_\_\_ Total districts at end of year \_\_\_\_\_

**LOCAL GROUPS**

Number at beginning of year \_\_\_\_\_ Total groups at end of year \_\_\_\_\_

**MEMBERSHIP**

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

Total National Membership dues paid \$ \_\_\_\_\_ (Should match member numbers.)

**YOUNG WOMEN ACTIVE FOR CHRIST**

Number of groups \_\_\_\_\_ Total Membership \_\_\_\_\_

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

**(Name, address, telephone number, and email address)**

**President** \_\_\_\_\_

\_\_\_\_\_

**Vice President** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**Field Worker** \_\_\_\_\_

\_\_\_\_\_

**Members at Large (3)** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Next State Meeting:    Date** \_\_\_\_\_ **Location** \_\_\_\_\_

**Next State Retreat:    Date** \_\_\_\_\_ **Location** \_\_\_\_\_

**National Nominating Committee Member** (Elected in even years to serve 2 years)  
(Name, address, telephone number, and email address)

\_\_\_\_\_

\_\_\_\_\_

**Delegates (15) On separate sheet of paper list names and address**

**Alternate (if applicable)** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Include names and addresses of district and local officers if possible. If unable to list all officers, give the president's name, address and email.**