



District WAC Annual Report

(District Convention Name)

For year beginning _____ ending _____
(Month) (Year) (Month) (Year)

Local Groups _____ Total Membership _____

Membership dues paid: State \$ _____ National \$ _____ Total \$ _____

Next Meeting: Date _____ Location _____

Young Women Active for Christ (YWAC)

Yes _____ No _____ If yes, number of members _____

Positions for 20 _____ to 20 _____
Year Year

Coordinator: _____

Assistant Coordinator: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Secretary: _____

Treasurer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

- Include names and addresses of local officers if possible. This information is used by missionaries.
- Districts without state conventions report directly to WNAC.

Optional Positions

Study Chairman: _____

Address: _____

Phone: _____

Email: _____

Prayer Chairman _____

Address: _____

Phone: _____

Email: _____

Service Chairman _____

Address: _____

Phone: _____

Email: _____

Mission's Chairman _____

Address: _____

Phone: _____

Email: _____

Other _____

Address: _____

Phone: _____

Email: _____

Other _____

Address: _____

Phone: _____

Email: _____

Delegates to State Convention (Number required by organization).

Name _____

Address: _____

Name _____

Address: _____

Name _____

Address: _____

Name _____

Address: _____

Name _____

Address: _____

Name _____

Address: _____
