



Local WAC Annual Report

(Local Group Name)

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

Membership _____

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

Young Women Active for Christ (YWAC)

Yes _____ No _____ If yes, number of members _____

Positions for 20 _____ Year to 20 _____ Year

Coordinator: _____

Address: _____

Phone: _____

Email: _____

Assistant Coordinator: _____

Address: _____

Phone: _____

Email: _____

Secretary: _____

Address: _____

Phone: _____

Email: _____

Treasurer: _____

Address: _____

Phone: _____

Email: _____

Optional Positions

Study Chairman: _____

Address: _____

Phone: _____

Email: _____

Service Chairman _____

Address: _____

Phone: _____

Email: _____

Other _____

Address: _____

Phone: _____

Email: _____

Delegates to District Convention.

Name _____

Address: _____

Name _____

Address: _____

Name _____

Address: _____

Prayer Chairman _____

Address: _____

Phone: _____

Email: _____

Mission's Chairman _____

Address: _____

Phone: _____

Email: _____

Other _____

Address: _____

Phone: _____

Email: _____

Name _____

Address: _____

Name _____

Address: _____

Name _____

Address: _____
