



Annual State WAC Report

(State Convention Name)

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

District Conventions _____ Local Groups _____ YWAC _____

Total gifts, donations, dues, offerings, etc. for the year \$ _____

Total given through WNAC channels \$ _____

Total given directly to a department or ministry \$ _____
(Note: these amounts should equal the total gifts for the year)

Next State Meeting: Date: _____ Location: _____

Next State Retreat: Date: _____ Location: _____

Positions for 20 _____ **to 20** _____
Year Year

Coordinator: _____

Address: _____

Phone: _____

Email: _____

Assistant Coordinator: _____

Address: _____

Phone: _____

Email: _____

Secretary: _____

Address: _____

Phone: _____

Email: _____

Treasurer: _____

Address: _____

Phone: _____

Email: _____

Other Positions

Position: _____
Address: _____

Phone: _____
Email: _____

Position: _____
Address: _____

Phone: _____
Email: _____

Position: _____
Address: _____

Phone: _____
Email: _____

Position: _____
Address: _____

Phone: _____
Email: _____

Position: _____
Address: _____

Phone: _____
Email: _____

Position: _____
Address: _____

Phone: _____
Email: _____

Notes:

- Include names and addresses of district and local officers if possible. This information is used by missionaries.
- National delegates are not required.
- Suggested resolutions must be sent to the state association of churches not to the WNAC office.