

Zone Change of Officer Information

LWML RMD ZONE: _____ DATE OF THIS REPORT: _____

PRESIDENT: _____ EMAIL _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____ PHONE _____

VICE PRESIDENT: _____ EMAIL _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____ PHONE _____

SECRETARY: _____ EMAIL _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____ PHONE _____

TREASURER: _____ EMAIL _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PASTORAL COUNSELOR: _____ EMAIL _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CHRISTIAN LIFE: _____ EMAIL _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____ PHONE _____

HISTORIAN: _____ EMAIL _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____ PHONE _____

Send the completed form to the LWML RMD president and the LWML RMD publications manager:

Debbie Yocky
9109 Hagerman Ave NE
Albuquerque, NM 87109
president@lwmlrmd.org

Beth Shroff
9709 Tanoan Dr NE
Albuquerque, NM 87111
tidingbusmgr@lwmlrmd.org

Thank you for completing this report immediately following your election of officers.

