

LWML – ZONE ARCHIVIST/HISTORIAN REPORT

Revised March 2004

NAME OF ZONE: _____ DATE: _____

NUMBER OF SOCIETIES IN ZONE: _____ NUMBER OF MEMBERS IN ZONE: _____

NAME OF NEW SOCIETY: _____ NAME OF SOCIETY LOST: _____

NUMBER OF WOMEN ATTENDING: LWML (Nat'l) CONVENTION: _____ DISTRICT CONV: _____

DISTRICT CHRISTIAN LIFE WORKSHOP: _____ DISTRICT SEMINAR (IF HELD): _____

NAMES/ADDRESSES OF ZONE OFFICERS:

PRESIDENT: _____

VICE PRES. OF CHRISTIAN LIFE (GROWTH): _____

(If office is simply Vice President, cross out what does not apply.)

VICE PRES. OF GOSPEL OUTREACH: _____

VICE PRES. OF HUMAN CARE: _____

VICE PRES. OF SERVANT RESOURCES: _____

SECRETARY: _____

TREASURER: _____

ARCHIVIST/HISTORIAN: _____

COUNSELOR: _____

ZONE RALLY HELD AT: _____ DATE: _____

THEME: _____

GUEST SPEAKER(S): _____ NUMBER ATTENDED: _____

ZONE RETREAT HELD AT: _____ DATE: _____

THEME: _____

GUEST SPEAKER(S): _____ NUMBER ATTENDED: _____

ZONE WORKSHOP HELD AT: _____ DATE: _____

THEME: _____

GUEST SPEAKER(S): _____ NUMBER ATTENDED: _____

NOTE: If more than one rally, retreat, or workshop was held in your Zone, or if other special activities were held, such as LWML anniversary celebrations or special birthdays of members, please list those on the reverse side.

INSTRUCTIONS: **Send** one (1) copy of this report and one (1) copy of your Zone minutes and programs of Zone rallies and workshops to the District Archivist/Historian by **DECEMBER 1**. **Keep** one (1) copy of this report and your zone minutes and programs in your Zone file. **YOU** keep all Society reports and Society programs and pictures in your Zone files. Be sure everything you send to the District A/H and everything you keep is dates and identified.

SEND REPORT TO:

FLORENCE POWERS, SD LWML A/H, PO BOX 97, AVON SD 57315

DUE: DECEMBER 1