

IED Local OFFICER/CONTACT PERSON INFORMATION

Please provide the contact information for the Officers and/or Contact Person for your society/group each year, following your election meetings AND if there is a change during the year.

Name of Group _____

Church _____ **City** _____

Zone _____

PRESIDENT or CONTACT PERSON _____

Email _____

Mailing Address _____

Phone Number _____ Text? (Yes or No) _____

TREASURER _____

Email _____

Mailing Address _____

Phone Number _____ Text? (Yes or No) _____

SECRETARY _____

Email _____

Mailing Address _____

Phone Number _____ Text? (Yes or No) _____

NAME OF OFFICE, NAME _____

Email _____

Mailing Address _____

Phone Number _____ Text? (Yes or No) _____

NAME OF OFFICE, NAME _____

Email _____

Mailing Address _____

Phone Number _____ Text? (Yes or No) _____

Please email this form to registrar@lwml-ied.org or mail to Margaret Kistler, 15254 80th St., Olin, IA 52320