

## 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](mailto:registrar@lwml-ied.org) or mail to Betty Borchardt, 309 W 3<sup>rd</sup> St, Riceville, IA 50466.