

**DISTRICT WOMEN ACTIVE FOR CHRIST  
ANNUAL REPORT TO STATE (\*or WNAC) CONVENTION**

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**(District Convention Name)**

For year beginning \_\_\_\_\_ ending \_\_\_\_\_  
  Year      Month  Year      Month

**LOCAL GROUPS**

Number at beginning of year \_\_\_\_\_ Total groups at end of year \_\_\_\_\_

**MEMBERSHIP**

Members at beginning of year \_\_\_\_\_ Members at end of year \_\_\_\_\_

Membership dues paid: State \$ \_\_\_\_\_ National \$ \_\_\_\_\_ Total \_\_\_\_\_

**YOUNG WOMEN ACTIVE FOR CHRIST**

Number of groups \_\_\_\_\_ Total Membership \_\_\_\_\_

**OFFICERS FOR 20** \_\_\_\_\_ **TO 20** \_\_\_\_\_  
  Year  Year

**(Name, address, telephone number, and email address)**

**President** \_\_\_\_\_

\_\_\_\_\_

**Vice President** \_\_\_\_\_

\_\_\_\_\_

**Secretary** \_\_\_\_\_

\_\_\_\_\_

**Treasurer** \_\_\_\_\_

\_\_\_\_\_

**Mission's Chairman** \_\_\_\_\_

\_\_\_\_\_

**Study Chairman** \_\_\_\_\_

\_\_\_\_\_

**Prayer Chairman** \_\_\_\_\_

\_\_\_\_\_

**Service Chairman** \_\_\_\_\_

\_\_\_\_\_

**Field Worker** \_\_\_\_\_

\_\_\_\_\_

**Other** \_\_\_\_\_

\_\_\_\_\_

**Next Meeting:    Date** \_\_\_\_\_ **Location** \_\_\_\_\_

**Delegates to State (\*or WNAC) Convention (Names & Addresses)**  
**(Number required by Organization)**

\_\_\_\_\_

\_\_\_\_\_

**Suggested Resolutions or Requests:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Include list of local groups' officers with names & addresses. If unable to list all officers, give the president's name, address, email & phone number.**

**\*Districts without state conventions report directly to WNAC.**