

# ZONE RECORD FORM

Lutheran Women's Missionary League  
California-Nevada-Hawaii District

Zone Name \_\_\_\_\_ Date \_\_\_\_\_  
Zone # \_\_\_\_\_  
Pastorial Counselor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Print name, address, phone number, and e-mail of the following zone officers or contact person

President \_\_\_\_\_  
e-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Vice-President \_\_\_\_\_  
e-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Treasurer \_\_\_\_\_  
e-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Christian Life \_\_\_\_\_  
e-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Gospel Outreach \_\_\_\_\_  
e-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Human Care \_\_\_\_\_  
e-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Servant Resources \_\_\_\_\_  
e-mail \_\_\_\_\_ Phone # \_\_\_\_\_

When there is a change of officers or address information, please send a new completed form

Mail to: Karen Mauer (510/223-5297)  
Mailing/Quarterly Coordinator  
1281 Kilcrease Circle  
El Sobrante, CA 94803  
[gmakaren1281@sbcglobal.net](mailto:gmakaren1281@sbcglobal.net)

