

Florida Bahamas Synodical Women's Organization

Congregational Unit Officer Update Form

Congregational Name: _____ City & State: _____

Conference Name: _____ Date Completed: _____

PRESIDENT: NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PREFERRED TELEPHONE: : _____

EMAIL: _____

VICE PRESIDENT: NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PREFERRED TELEPHONE: : _____

EMAIL: _____

SECRETARY: NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PREFERRED TELEPHONE: : _____

EMAIL: _____

TREASURER: NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PREFERRED TELEPHONE: : _____

EMAIL: _____

Please complete the information for your Congregational Unit (CU) and return to the Conference President and to the SWO Conference Coordinator (*contact information available on the website under SWO Board Members*). Please update as elections occur within your CU. 01/2018