



June 6<sup>th</sup> 2018

We are preparing for the production of the 2018-2019 Disciples Women's Ministry Regional Directory. Information about your congregational women's group(s) would be greatly appreciated for the directory.

What if you do not have a women's group in your congregation? Provide contact information about your congregation or list an individual who would be willing to receive emails/mailings and share with your congregation.

Thank you for taking the time to read over this document, and to help provide information we will use to input into this directory. Your time and assistance is greatly needed and appreciated!

The following items are needed for each Office/Position filled within your CWF/DWM group

(For additional questions please contact Deb Morche: 913-593-4887)

1. *Office/Position/Title* (ex. President, Vice-President, Secretary, Treasurer, Worship, Study, Service, Legislative, and Hospitality Director). If the Office/Position/Title for the individual is listed differently, we welcome the insertion of this information on the form. Use a blank sheet of paper if you need additional space to list information.
2. *Name of Individual*
3. *Individual's Address* (include street, city, state and zip code)
4. *Individual's Phone Number* (Note: home or cell, if possible)
5. **Individual's Email Address (if available)**
6. List the *Day(s) and Meeting Time* of your group.
7. List the date these Officers begin serving.
8. List: *Church Name*  
*Senior Minister Name*  
*Church Address*  
*Church Phone*  
*Church Email Address (If available)*
9. Note a Contact Name, phone number and/or the email address of the person who completes the information/form in case questions or inquiries pop up during the transcription into the directory by the Regional Center office.

Thank you for your help to meet the production **deadline** by returning this information by **SATURDAY-JUNE 30, 2018**

Jessica Lopez, Office Manager



**REGIONAL DISCIPLES WOMEN'S MINISTRY DWM/CWF DIRECTORY INFORMATION**

Please complete the information below for your Disciples Women's Ministry (DWM/CWF) Officers for inclusion in the 2017-2018 Directory. **Return the information by June 30, 2018** via email info to: [office@kcdisciples.org](mailto:office@kcdisciples.org) or by mail to the Christian Church of Greater KC, 9401 Johson Dr, Merriam KS 66203. Questions or inquiries: Contact Jesse 913-432-1414, or email as shown above. Please use a blank sheet of paper if additional information needs to be listed. THANK YOU FOR YOUR HELP

<p><u>PRESIDENT:</u></p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY/ST/ZIP _____</p> <p>PHONE _____</p> <p>EMAIL _____</p> <p><u>CO-PRESIDENT:</u></p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY/ST/ZIP _____</p> <p>PHONE _____</p> <p>EMAIL _____</p> <p><u>VICE-PRESIDENT:</u></p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY/ST/ZIP _____</p> <p>PHONE _____</p> <p>EMAIL _____</p> <p><u>CO-VICE-PRESIDENT:</u></p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY/ST/ZIP _____</p> <p>PHONE _____</p> <p>EMAIL _____</p>	<p><u>SECRETARY:</u></p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY/ST/ZIP _____</p> <p>PHONE _____</p> <p>EMAIL _____</p> <p><u>TREASURER:</u></p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY/ST/ZIP _____</p> <p>PHONE _____</p> <p>EMAIL _____</p> <p><u>WORSHIP DIRECTOR:</u></p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY/ST/ZIP _____</p> <p>PHONE _____</p> <p>EMAIL _____</p> <p><u>CO-WORSHIP DIRECTOR:</u></p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY/ST/ZIP _____</p> <p>PHONE _____</p> <p>EMAIL _____</p>
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DUE DATE: JUNE 30, 2018

STUDY DIRECTOR:

NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

EMAIL:

CO-STUDY DIRECTOR:

NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

EMAIL:

SERVICE DIRECTOR:

NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

EMAIL:

CO-SERVICE DIRECTOR:

NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

EMAIL:

CONTACT PERSON (Individual completing this form):

Name:

Phone No:

Email Address:

LEGISLATIVE DIRECTOR:

NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

EMAIL:

HOSPITALITY DIRECTOR:

NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

EMAIL:

ADDITIONAL OFFICE/TITLE? (List)

NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

EMAIL:

CHURCH NAME:

CHURCH SR. MINISTER:

CHURCH MAILING ADDRESS:

CITY/STATE/ZIP:

MEETING DAY/TIME OF CWF/DWM?

