

ZONE SOCIETY CHANGE OF OFFICERS FORM

**After each election of new officers in your society,  
please submit the changes to Zone Corresponding Secretary.**

CHURCH: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PASTOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF SOCIETY: \_\_\_\_\_

NO. OF MEMBERS: \_\_\_\_\_ MEETING DAY AND TIME: \_\_\_\_\_

NO. OF QUARTERLIES: \_\_\_\_\_ MAIL TO: \_\_\_\_\_

MONTH YOUR SOCIETY ELECTS NEW OFFICERS: \_\_\_\_\_

PRESIDENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

VICE PRESIDENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SECRETARY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

TREASURER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

COMMITTEE CHAIRMEN

Committee: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Committee: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Committee: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Committee: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Send changes to your zone's Corresponding Secretary

**CHANGES SHOULD BE RECEIVED BY \_\_\_\_\_ AND \_\_\_\_\_ EACH YEAR.**