

**WOMAN'S MISSIONARY UNION OF VIRGINIA
ASSOCIATIONAL OFFICERS 2008-2009**

Return to: WMU of Virginia, P. O. Box 8435, Richmond, Virginia 23226 or Fax 804-672-8008

NOTE: Please notify the state office of any changes during the year!

Submitted by _____ Association _____

Date leaders take office: _____

WMU Director:	Telephone: (w) (h)
Address:	City: State: Zip:
E-mail Address:	Birthday: Home Church:

CONSULTANTS:

Women/Adult on Mission Director:	Telephone: (w) (h)
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Address:

City: State: Zip:	E-mail Address:
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Acteens/Youth On Mission Director:	Telephone: (w) (h)
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Address:

City: State: Zip:	E-mail Address:
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Girls /Children in Action Director:	Telephone: (w) (h)
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Address:

City: State: Zip:	E-mail Address:
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Mission Friends/Preschool Missions Director:	Telephone: (w) (h)
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Address:

City: State: Zip:	E-mail Address:
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WMU Churchwide:	Telephone: (w) (h)
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Address:

City: State: Zip:	E-mail Address:
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Missions Growth Director:	Telephone: (w) (h)
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Address:

City: State: Zip:	E-mail Address:
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Missions Involvement Director:	Telephone: (w) (h)
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Address:

City: State: Zip:	E-mail Address:
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WMU Ethnic/Language-Culture:	Telephone: (w)	(h)
Address:		
City:	State:	Zip:
E-mail Address:		
Other:	Telephone: (w)	(h)
Address:		
City:	State:	Zip:
E-mail Address:		

ASSOCIATIONAL OFFICERS:

Asst. WMU Director:	Telephone: (w)	(h)
Address:		
City:	State:	Zip:
E-mail Address:		
Assoc. WMU Secretary:	Telephone: (w)	(h)
Address:		
City:	State:	Zip:
E-mail Address:		
Pastor/Church Staff Consultant:	Telephone: (w)	(h)
Address:		
City:	State:	Zip:
E-mail Address:		
Assoc. WMU Director-Elect:	Telephone: (w)	(h)
Address:		
City:	State:	Zip:
E-mail Address:		

PROJECT COORDINATORS: (Mary & Elizabeth, Dorcas, Lydia, Ruth & Naomi, Parish Nurse, Great Commission Teachers, Hope Builders -Christian Women's Job Corp, Jochebed & Hannah, Aging With Significance)

_____ Coordinator:	Telephone: (w)	(h)
Address:		
City:	State:	Zip:
E-mail Address:		
_____ Coordinator:	Telephone: (w)	(h)
Address:		
City:	State:	Zip:
E-mail Address:		
_____ Coordinator:	Telephone: (w)	(h)
Address:		
City:	State:	Zip:
E-mail Address:		
_____ Coordinator:	Telephone: (w)	(h)
Address:		
City:	State:	Zip:
E-mail Address:		

The scheduled dates for 2008-2009 in my association are as follows:

- Leadership Team/Council Planning** _____
- Association-wide WMU Meeting** _____
- Workshops** _____