



*Northwestern Minnesota Synodical Women's Organization*  
**Congregational Information**

Congregation \_\_\_\_\_  
City \_\_\_\_\_ Cluster \_\_\_\_\_

**Contact Person for your unit – please complete even if you desire information to be sent to another address.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date Change takes effect \_\_\_\_\_

**Would you like information mailed to a different address? If so, complete the following.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Check if you would like information mailed to both addresses \_\_\_\_\_**

**Current information is very important as all mailings from both the SWO and Churchwide will be sent to the above designated person.**

**Please discard all old forms (the "old" Congregational Officer Information Form).**

**This form may be copied – please resubmit to your cluster coordinator and the SWO secretary when elections are held or a new contact person is designated. Thank you!**

**Diane Nord, SWO Secretary**

**1588 140<sup>th</sup> St.**

**Wolverton, MN 56594**

**218/995-2023**

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