

# REQUEST FOR LWML TEXAS DISTRICT REPRESENTATIVE VISIT

Name of Zone/Society \_\_\_\_\_

Type of Activity \_\_\_\_\_

Theme or Program Topic \_\_\_\_\_

Date of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

## Representative requested (Check One)

- District President
- Vice President Christian Life
- Vice President of Communication
- Vice President Gospel Outreach
- Vice President Human Care
- Vice President Organizational Resources
- Pastoral Counselor
- District Young Woman Representative
- Convention Coordinator
- Any District Officer or Appointed Personnel Available

Signed by Zone/Society President \_\_\_\_\_

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

Phone and Email: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Email to: **LWML Texas District President**  
**president@lwmltxdist.org**

*(Travel, meals, and lodging expenses for District representative's visit are the responsibility of zone. [See Standing Rule #5])*

Approved:

Your request has been approved and the following Executive Committee Member will attend your Zone/Society event:

\_\_\_\_\_  
signature of District President

\_\_\_\_\_  
date