**WNCC United Methodist Women**

**Nomination form for Dedication of Annual Report**

**2017**

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

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

Name of Nominee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

**Criteria: All recipients must have served as a local, district, and conference UMW officer.**

Local UMW Unit Activities:

District UMW Activities:

Conference UMW Activities:

Local UM Church Activities:

District UM Church Activities:

Conference UM Church Activities:

Community Activities (civic groups, other volunteer activities)

Education/Career Information:

Personal Information (husband, children, hobbies, etc)

(use back of form if necessary)

**Return by June 1 to Linda Young**

**P.O. Box 404 Catawba NC 28609-0404 or lmyou2253@aol.com**