

**Northwest District LCMC
Council Membership
Nomination Information Form**

Name: _____

Minimum age 18

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Congregation Name _____

City _____ State _____ Zip _____

Chapter Name _____

City _____ State _____ Zip _____

Skills & Strengths: _____

The Northwest District Council meets at various locations during the year, therefore, some travel may be needed.

Mail form to:
Northwest District LCMC
Secretary: c/o Mary Stubblefield
3200 Oak Terrace #46
Lebanon, Oregon, 97355

or: Present form at the Northwest District LCMC Gathering

