**2021-2022 WMUV ASSOCIATIONAL LEADERSHIP TEAM**

**Return to: WMU of Virginia, 2828 Emerywood Parkway, Henrico, Virginia 23294 ~ Fax 804-672-8008 ~** [**www.wmuv.org**](http://www.wmuv.org)

Please include email addresses wherever possible to receive our bi-monthly e-news

**Association \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date leaders take office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **WMU Director:** | Phone: **(h) (c)** |
| Address: City: State: Zip: |
| E-mail: | Birthday: Home Church:  |

**Missions Leadership Team**

**Women/Adult on Mission Director:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  |  Email: |
| City: State: Zip: |

**myMission/Sister Who Care Director:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  |  Email: |
| City: State: Zip: |

**Acteens/Youth on Mission Director:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  |  Email: |
| City: State: Zip: |

**Girls/Children in Action Director**

|  |  |
| --- | --- |
| Name: | Phone: (h) (c) |
| Address: | E-mail: |
| City: State: Zip:  |

**RA/Challenger Director:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  |  Email: |
| City: State: Zip: |

**Mission Friends/Preschool Missions Director:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  |  Email: |
| City: State: Zip: |

**WMU Churchwide:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  |  Email: |
| City: State: Zip: |

**Missions Involvement Director:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  |  Email: |
|  City: State: Zip: |

**WMU Ethnic/Language-Culture/ Sisters Who Care**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)**  |
| Address: | Email: |
| City: State: Zip:  |

**ASSOCIATIONAL OFFICERS**

**Asst. WMU Director:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  |  Email: |
| City: State: Zip: |

**Assoc. WMU Secretary:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  | Email: |
| City: State: Zip: |

**MINISTRY COORDINATORS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coordinator:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  | Email: |
| City: State: Zip: |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coordinator:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  | Email: |
| City: State: Zip: |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coordinator:**

|  |  |
| --- | --- |
| Name: | Phone: **(h) (c)** |
| Address:  | Email: |
| City: State: Zip: |

**The scheduled dates for 2021-2022 in my association are as follows:**

**Leadership Team/Council Planning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Association-wide WMU Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshops:**

 **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­**