



Report of New Officers (Tshabxo Cov Tsavxwm Tshiab) For Year _____

Church Name: _____

City: _____ **State:** _____

Total number of women in your church: _____

1. Director (Thawj Niamtsev)

Mrs. (Niam): _____ DOB: _____

Legal Name (for mailing purpose only) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (Cell): _____ Email: _____

2. Assistant Director – If applicable (Lwm Thawj Niamtsev – Yog tias muaj)

Mrs. (Niam): _____ DOB: _____

Legal Name (for mailing purpose only) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (Cell): _____ Email: _____

3. Secretary (Teevntawv)

Mrs. (Niam): _____ DOB: _____

Legal Name (for mailing purpose only) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (Cell): _____ Email: _____

4. Treasurer (Cianyiaj)

Mrs. (Niam): _____ DOB: _____

Legal Name (for mailing purpose only) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (Cell): _____ Email: _____

5. Fellowship Coordinator (Tus Saib Kev Sib Txoos Uake)

Mrs. (Niam): _____ DOB: _____

Legal Name (for mailing purpose only) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (Cell): _____ Email: _____

6. Discipleship Coordinator (Tus Saib Kev Cobqhia Thwjtim)

Mrs. (Niam): _____ DOB: _____

Legal Name (for mailing purpose only) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (Cell): _____ Email: _____

7. Outreach Coordinator (Tus Saib Kev Tshajtawm)

Mrs. (Niam): _____ DOB: _____
Legal Name (for mailing purpose only) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone (home): _____ (Cell): _____ Email: _____

8. Missions Coordinator (Tus Saib Kev Xa Moozoo)

Mrs. (Niam): _____ DOB: _____
Legal Name (for mailing purpose only) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone (home): _____ (Cell): _____ Email: _____

9. Prayer Coordinator (Tus Saib Kev Thov Vajtswv)

Mrs. (Niam): _____ DOB: _____
Legal Name (for mailing purpose only) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone (home): _____ (Cell): _____ Email: _____

10. Others (Lwm Tus Tsavxwm)

Mrs. (Niam): _____ DOB: _____
Legal Name (for mailing purpose only) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone (home): _____ (Cell): _____ Email: _____

11. Senior Pastor's Wife (Tus Niam Xibhwb Laus)

Mrs. (Niam): _____ DOB: _____
Legal Name (for mailing purpose only) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone (home): _____ (Cell): _____ Email: _____

12. Assistant Pastor's Wife (Tus Niam Xibhwb Pab)

Mrs. (Niam): _____ DOB: _____
Legal Name (for mailing purpose only) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone (home): _____ (Cell): _____ Email: _____

Director's Signature

Date

**Mail or Email to the Secretary of Alliance Women Ministries of the Hmong District
(Deadline – December 31st)**

**Mail to: Alliance Women Ministries
Attn: Judy Yang (N. Kx. Tsaav Moob Yaaj)
7253 Coolidge Street, Center Line, MI 48015**

or Email to awsecretary@hmongdistrict.org

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