

MINNESOTA WOMEN OF TODAY
EXECUTIVE COUNCIL DIRECTORY INFORMATION

Position _____

Name _____

Address _____

Chapter _____ Area _____ District _____

Phone _____ (home) _____ (work)

_____ (cell)

Can people text you? Yes No

*****Please only list phone numbers you want to receive calls at.***

_____ (fax)

Personal Email _____

Theme _____

Logo _____

Significant Other Name (if applies) _____

Your Birthday _____ Significant Other Birthday _____

Anniversary Date (if applies) _____

Children's Names, Ages and Birthdays

*****Return this form to the Presidential Assistant***