2027 United Women in Faith Conference Directory Information Form

(To be completed by District and Local Unit Secretaries) *Please return this completed form by* ***December 1, 2026*** *to <u>your</u> district secretary and Barb McCoy.*

Your District Secretary:

West Central Plains –
Trisha Staneart
2802 Cross Creek Circle
Westfield, IN 46074-9728
tstaneart@frontier.com

Northern Lakes – (UPDATE)
Maureen Mauzy
802 E. Center St. Unit 111
Warsaw, IN 46580-3396
maureenmauzy@gmail.com

East Central Heights –
Stacy Bradfield
421 S Grand Avenue
Indianapolis, IN 46219-6909
stacyb1330@gmail.com

Southern Rivers –
Jerrianne Bonenberger
5610 Picadilly Lane
Evansville IN 47711-1876
jabones59@gmail.com

Eastern Rivers –
Karen Gilliland
200 Canterbury Ct
Anderson, IN 47201-9780,
karengillilland41548@gmail.com

AND, **Conference Directory Coordinator**: Barbara McCoy, 1025 Brandon Way, Fort Wayne, IN 46845-2390 (260) 615-6807 barb.mccoy@frontier.com

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SECTION 1: GENERAL INFORMATION

District/Local Unit Name: _____

Type: ☐ District ☐ Local Unit ☐ District unit ☐ District member (only Page 1 needed!)

Local/district unit only: Number of members _____

For each position below, please print and furnish:

• Full Name • Mailing Address • Street • City, State, ZIP+4 • Phone • Email Address

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SECTION 2: ELECTED OFFICER INFORMATION

President (or District Member, only this page needed**)**

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Secretary

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Treasurer

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Communications Coordinator

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Nominations Chair

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Submitted By (Name): _____

Role (e.g., Secretary): _____

Mailing Address: _____

Phone: _____ Email: _____