

## LOCAL NMI COUNCIL

Church \_\_\_\_\_ Church Year \_\_\_\_\_

Please fill out and send to your NMI District President.

	Name	Address	City	St/Pr	Zip	E-Mail Address	Phone
President							
Vice President							
Secretary							
Treasurer							

Please verify that all information is accurate.

Name: \_\_\_\_\_

Local NMI president or  NMI secretary