

# **Memorial Service**

## ***NYS Women, Inc. Annual Conference*** ***date***

Please mail (or e-mail) information on NYS Women, Inc. members who have died since May of insert previous year along with a brief remembrance about them to:

**Contact name,**  
**Address**  
**Phone**  
**email**

Deadline: **date**

Name of Deceased Member: \_\_\_\_\_

Local Organization: \_\_\_\_\_ Region # \_\_\_\_\_

Date of Death: \_\_\_\_\_ Number of Years as NYSW Member: \_\_\_\_\_

Office(s) held L/O, Region, State and National: \_\_\_\_\_

Profession / Occupation: \_\_\_\_\_

Hobbies / Pastimes: \_\_\_\_\_

Eulogy (please, no more than 35 words): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please use one sheet for each deceased member. Thank You