

**AFRICAN METHODIST EPISCOPAL CHURCH FIFTH EPISCOPAL DISTRICT
SOUTHERN CALIFORNIA CONFERENCE
WOMEN'S MISSIONARY SOCIETY
TANNER TURNER**

Guideline for Biographical Narrative

NAME OF CHURCH: _____

NAME OF SOCIETY: _____

ADDRESS: _____

CITY: _____ STATE _____

AREA: _____

PRESIDENT'S NAME: _____ PHONE: _____

AREA _____

NAME OF DECEASED MEMBER: _____

Date of Birth for Deceased _____ Date of Death for Deceased _____

Age at Death: _____

Cleo B Love/ Life Member _____

Offices/Positions held in the Missionary Society (include all levels—local, area, conference, and connectional)

Year Joined Missionary Society and number of years involved. Include membership in all local societies, other conferences, and districts)

Describe mission projects and work done on behalf of the Missionaries. (Limit to 100 words or less).
Attach a picture of deceased.