OFFICIAL MEMBERSHIP FORM
Georgia Association of Ministers' Wives and Ministers' Widows, Interdenominational
Mrs. Norma Gaines Heath, State President

Please submit by March 10th

MEMBERSHIP INFORMATION (Please print or type firmly)

Date_____

Name_____

Phone_____

Address_____

City_____**State**_____**Zip Code**_____

E-mail address_____

Church_____

Denomination (Please be specific) _____

Pastor's Name_____

Husband's name if not pastor_____

Local Organization_____

Local President's Name_____

Convention City _____

Are you attending the convention? Yes _____ **No** _____

Not Attending Convention $25.00	Registration $50.00	Honor Roll $10.00	Executive Board (Life members and officers) $5.00	Life Membership $75.00	Totals

HUSBAND REGISTRATION INFORMATION

NAME: _____ **Registration: $50.00** _____

Make checks payable to GAMWMW and send all copies to:
Mrs. Ada Long, P. O. Box 582, Newnan, GA 30264

White: Financial Secretary * Canary: Registrar * Golden: Local President * Pink: State President