GEORGIA ASSOCIATION OF MINISTERS' WIVES AND MINISTERS' WIDOWS INTERDENOMINATIONAL

CHAPTER'S REGISTRATION REPORT

Name of Chapter _____

Convention City _____ Date _____20_____

Please Submit by: March 1

PAID BEFORE THE CONVENTION		**AMOUNT PAID**
CHAPTERS REGISTRATION		
COOK TERRILL SCHOLARSHIP		
ETHEL P. STOKES SCHOLARSHIP		
WAY AND MEANS		
TOTAL		

PAID AT THE CONVENTION		
CHAPTERS REGISTRATION		
COOK TERRILL SCHOLARSHP		
ETHEL P. STOKES SCHOLARSHIP		
WAY AND MEANS		
KEY LADY		
TOTAL		
TOTAL		

Name of Chapter's President _____Phone _____

Address _____ City _____ State _____ Zip _____

Secretary Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Chapter's Category _____

MAKE CHECKS PAYABLE TO: GAMWMW

SEND ALL COPIES OF THIS FORM AND PAYMENT TO: MRS. ADA LONG
P. O. BOX 582
NEWNAN, GA 30264

COPIES: WHITE – FINANCIAL SECRETARY
CANARY – REGISTRAR – PINK – STATE PRESIDENT
GOLDENROD - LOCAL PRESIDENT

GAMWMW OFFICIAL USE ONLY

Date Received _____

Total _____**Check #**_____

Receipt # _____