

PK'S OFFICIAL REGISTRATION FORM

International Association of Ministers' Wives and Ministers' Widows, Incorporated

Dr. Beverly Williams Glover, President

REGISTRATION INFORMATION: (Please print or type) (Press firmly) Date _____

Date of Birth _____

Please submit by April 30

Please check if applicable: Young Adult (age not required) _____

The original intent of the PK Program was to provide an opportunity for young Ministers' Wives and Ministers' Widows to attend their classes. This service is extended to member grandparent wives and widows who are assuming the primary parenting role.

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Mother's Name _____ Name of Mother's Local Association _____

Church _____ Denomination (be specific) _____

Pastor's Name _____

() Check here if this is the first IAMWMW Convention you have attended. Convention City _____

T-SHIRT SIZE CHILD () SMALL () MEDIUM () LARGE ADULT () SMALL () MEDIUM () LARGE () XLARGE

FEES

1. Registration.....\$50.00 _____

(Includes bus transportation to trips, convention supplies and materials)

MAKE CHECKS PAYABLE TO:

INT'L ASSOC. MIN. WIVES AND MIN. WIDOWS, INC.

SEND ALL COPIES OF THIS FORM AND PAYMENT TO:

JOAN HICKS

2787 S.W. PLASS AVE, TOPEKA, KS 66611

Copies: **White:** Financial Secretary · **Canary:** International President

Pink: PK Coordinator

R: 03-11

INT'L AMWMW OFFICE USE ONLY

Date Received _____

Total \$ _____

Check - Personal () Assoc. ()

Receipt No. _____