

HUSBANDS' COMMITTEE OFFICIAL REGISTRATION FORM

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

Dr. Beverly Williams Glover, International President

1 **REGISTRATION INFORMATION:** (Please print or type) (press firmly) Date _____

Please submit by April 30

*Social Security Number: () () () - () () - () () () ()

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Church _____ Denomination (be specific) _____

Pastor's Name _____ Wife's Name _____

() Check here if this is the first INT'L AMWMW Convention you have attended. Convention City _____

2 **FEES**

1.	Registration	\$25.00	_____
2.	Continuing Education Unit (CEU)	\$15.00	_____
3.	Herald Subscription	\$10.00	_____
4.	Herald Honor Roll	\$10.00	_____
5.	Calendar-Birthday, Month _____ Date _____	\$5.00	_____
	Anniversary, Month _____ Date _____	\$5.00	_____
6.	Individual Scholarship Contribution		
	• Ada Palmer	\$	_____
	• E.C. Boucey	\$	_____
	• Gladden Johnson	\$	_____
	• VA University of Lynchburg	\$	_____

TICKETED ACTIVITIES - PRESIDENT'S BREAKFAST - Wednesday Morning - (Please Order w/spouse)
 AWARDS BANQUET - Thursday Evening - (Please Order w/spouse)

3 **MAKE CHECKS PAYABLE TO:**
 INT'L ASSOC MIN. WIVES AND MIN. WIDOWS, INC.
SEND ALL COPIES OF THE FORM AND PAYMENT TO:
Joan Hicks - 2787 S.W. Plass Avenue, Topeka, KS 66611
 Copies: **White:** Financial Secretary • **Canary:** International President
Pink: Secretary /Treasurer

On Site Registration Cash or Money Order Only-NO CHECKS

INT'L AMWMW OFFICE USE ONLY

Date Received _____

Total \$ _____

Check - Personal () Assoc. ()

Receipt no. _____