

New Jersey Association of Ministers' Wives & Ministers' Widows, Inc. (Interdenominational)

Minister Cynthia Tucker, State President

OFFICIAL MEMBERSHIP Registration Form



MEMBERSHIP INFORMATION (Please print) Date _____

Name _____ Husband's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Work _____

Email Address _____

Church _____ Denomination: _____

Local Organization _____

Local President _____

Please Check One: I am an Officer of: NJAMWMW () NEIAMWMW () IAMWMW ()

Check here if this is your first State Convention ()

Are you a Life Member? () Yes () No **I became a Life Member in 19** _____ **20** _____

Are you attending the International Convention this year? () Yes () No

===== FEES =====

1. Membership/Registration (Deadline March 30th)
 - Attending Conference..... \$60.00 ()**
 - Membership Only (Not Attending Conference)..... \$50.00 ()**
 - Late Registration (On Site – Cash or Money Order only)..... \$75.00 ()
 2. Life Membership..... \$25.00 ()
 3. International Headquarters..... \$20.00 ()
 4. Founder's/Organizational Day..... \$20.00 ()
 5. Individual Scholarship Contribution
 - **Margaret Wise Goodman Scholarship Fund..... \$25.00 of Registration
 - Rebecca Stanford (Clergy Children's Scholarship Fund)..... _____
 - Carrie T. White Scholarship Fund (Regional Delegate)..... _____
- TOTAL** _____

LOCAL ORGANIZATIONS PLEASE MAKE CHECKS PAYABLE TO: NJAMWMW
SEND ALL COPIES OF THIS FORM AND PAYMENT TO:
Doris N. Malone, 100 Kennedy Dr., Apt. 311, Sayreville, NJ 08872

FOR FINANCE OFFICE USE ONLY:

Date Received _____ TOTAL \$ _____ Receipt No. _____
Check No. _____ MO No. _____ Cash _____
Personal check () Organization check ()

Copies: Financial Secretary – Pink State President – Yellow Registrar – White