

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

Minister Cynthia Tucker, President

HUSBAND'S REGISTRATION FORM



MEMBERSHIP INFORMATION (Please print) Date _____

Name _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Church _____ Denomination: _____

Check here if this is the first time attending the Husband's Workshop ()

() REGISTRATION \$25.00

Please list your special gifts/talents: _____

Schedule of Events

HUSBAND'S WORKSHOP

Friday: 10:00 a.m. – 4:00 p.m.

Lunch Break: 12 Noon – 1:00 p.m.

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