

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

Name _____ Phone _____

Address _____ E-mail _____

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 **FEEES**

1.	Registration	\$75.00	
2.	Herald Subscription	\$10.00	
3.	Herald Honor Roll	\$10.00	
4.	Calendar-Birthday, Month _____ Day _____	\$5.00	
	Anniversary, Month _____ Day _____	\$5.00	
5.	Individual Scholarship Contribution		
	• Ada Palmer	\$	
	• E.C. Bouey	\$	
	• Gladden Johnson.....	\$	
	• Rendella L. Gayton	\$	

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

Total _____

3 **MAKE CHECKS PAYABLE TO: IAMWMW, 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 \$ _____

Method of Payment: Cash _____ Credit Card _____ Visa MC

Check Personal # _____ Assn# _____ Money Order# _____

Receipt # _____