

INTERNATIONAL ASSOCIATION OF MINISTERS' WIVES AND MINISTERS' WIDOWS, INCORPORATED

STATE PRESIDENT REPORT

1 NAME OF STATE ORGANIZATION: _____
 CONVENTION CITY: _____ STATE _____ DATE _____ 20__

2 **Please Submit by April 30**
Send all copies to Financial Secretary
 List Local Chapter ONLY in your state or nation: *(funds are reflected on local report blank)*

	AMT PAID PRIOR THIS REPORT	AMT PAID W/ THIS REPORT	TOTAL FOR YEAR
State Organization Fees \$100.00 per annum			
Founders Day			
Headquarters Special Project			
International Conference Support			
Commission on Student Affairs (scholarship)			
• Ada M. Palmer Scholarship Fund			
• E.C. Bouey Scholarship Fund			
• Gladden-Johnson Scholarship Fund			
• Rendella L. Gayton Scholarship Fund			
Ways & Means			
TOTAL			

4 Name of State President: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name of State Secretary: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

5 **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 # _____