# VIRGINIA ASSOCIATION OF MINISTERS' WIVES AND MINISTERS' WIDOWS, INC.

## REV. DR. PATRICIA A. WORMLEY, PRESIDENT

### ANNUAL MEMBERSHIP FORM
#### ($10.00 per Member)

DUE by April 1st

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**Name of Local Organization:**

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| **Preferred Title:** | **Full Name:** | Check if widow. |
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| **Mailing Address:** | **City:** | **State:** | **Zip Code:** |
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| **Cell Phone:** | **Home Phone:** |
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| **Email:** | **Dollar Amount:** $ |
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**Total amount paid** $_____.00           **No. of paid members:** _____

**Post total amount to Local President's Report**

**Send to:  Mrs. Angenette Elder**
**Financial Secretary, VAMWMW**
**12236 Almer Lane**
**Chester, VA  23836**

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