



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

DR. ELLEN JAMERSON, PRESIDENT

ANNUAL MEMBERSHIP FORM

(\$10.00 per Member)

DUE by April 1st

Name of Local Organization:

Preferred Title:	Full Name:	Check if widow.	
Mailing Address:	City:	State:	Zip Code:
Cell Phone:	Home Phone:		
Email:	Dollar Amount:		\$

Preferred Title:	Full Name:	Check if widow.	
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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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