



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

REV. DR. PATRICIA A. WORMLEY

ANNUAL LOCAL PRESIDENT'S REPORT

Due by April 1st

Name of Local Organization: _____

Name of Local President: _____ **Telephone:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Financial Secretary: _____ **Telephone:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Total Number of Members: _____

Names of Denominations: _____

Recapitulation of Fees

	Amount Paid
Local Organization Fee	\$50.00 per organization
Life Membership Fee(s)	\$25.00 per member (One Time Only)
Annual Membership Fee(s)	\$10.00 per member
Scholarship (Organization/Members)	No set fee
Total Amount Paid	

Please mail check payable to VAMWMW

Send to:

**Mrs. Angenette Elder
VAMWMW
12236 Almer Lane
Chester, VA 23836**