



*New York State Association of Ministers' Wives and Ministers' Widows, Inc.,
(Interdenominational)*

Mrs. Lillie Tanks Martin, President
OFFICIAL MEMBERSHIP FORM

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

LOCAL CHAPTER: _____ LOCAL PRESIDENT NAME: _____

TELEPHONE NUMBER: _____ CELL PHONE: _____ EMAIL ADDRESS: _____

<u>NEW YORK STATE:</u>	<u>ASSESSMENT</u>	<u>PAID</u>
MEMBERSHIP (YEARLY)	\$100.00	_____
WAYS & MEANS (YEARLY)	\$ 50.00	_____
LOCAL ORGANIZATION FEE TO STATE	\$100.00	_____
FOUNDER'S DAY (STATE TEA PROGRAM)	\$ 25.00	_____
LUNCH	\$ 10.00	_____
MEMBERSHIP SCARF	\$ 25.00	_____
NYS QUEEN CONTEST		_____
TRANSPORTATION		_____

SCHOLARSHIPS:

NYS CELESTE JOHNSON/ROSA JARVIS _____

IAMWMW GLADDEN/JOHNSON (NY SUPPORTS) _____

TOTAL: _____

DO NOT WRITE BELOW

FINANCIAL DEPARTMENT ONLY

CASH AMOUNT _____ CHECK AMOUNT _____ CHECK# _____ MONEY ORDER # _____

MADE PAYABLE TO: NYSAMWMW

**MAIL COMPLETED FORM AND CHECK TO: FINANCIAL SECRETARY
MRS. JOANN SLADE, 114 WELLAND AVENUE, IRVINGTON, NJ 07111**

RECEIVED BY: _____

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