

PENTECOSTAL CHURCH OF GOD DEPARTMENT OF WOMEN'S MINISTRIES

Local Group Registration

Date _____

Name of Church _____

Location _____

Address
City
State
Zip
District

Pastor/Pastor's Wife _____
Preferred E-mail address

Women's Ministries Officers:

Director _____

Name
Address
Phone

Director's E-mail Address _____

Secretary _____ Phone or E-mail _____
Name

Has your group been chartered and officially set in order? Yes _____ No _____

Number of members in group _____

	Name	E-mail	Age Group	<small><18</small>	<small>19-40</small>	<small>41+</small>
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Please mail copy of the completed form to your District Women's Ministries office along with membership fees.

Name	E-mail	Age Group		
		<18	19-40	41+
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