

WLS Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Church Name: _____

Address: _____

City: _____ State: _____ Zip: _____

District: _____

Unit: _____ Location: _____ Date: _____

Pastor's signature: _____

Print Name: _____

List any prior women's ministry involvement:

On a separate sheet of paper, write a brief testimony describing your faith journey.

Send this completed registration form, written testimony, and registration fee of \$59 per unit to:

Cathy Jacks, Registrar 28305 Main Street Millbury, Ohio 43447

cj_eph320@yahoo.com Home phone: (419) 836-2245

Make check payable to The Christian and Missionary Alliance and include AWM/WLS Program on memo line.