



Women's  
**Leadership Studies**  
*Training To Lead*




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**W.L.S. REGISTRATION FORM**

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Church: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

District: \_\_\_\_\_ A.W.M. District Director: \_\_\_\_\_

**\* UNIT # & LOCATION THAT YOU ARE ATTENDING:** \_\_\_\_\_

Pastor's Name - *please print*: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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1. List any prior women's ministry involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

3. Send this completed registration form, written testimony, and registration fee of \$59.00 per unit to:

*Cathy Jacks - Registrar*

*28305 Main Street ~ Millbury, OH 43447*

*(419) 836-2245 ~ Email: [cj\\_eph320@yahoo.com](mailto:cj_eph320@yahoo.com)*

4. Please make check payable to: *The Christian & Missionary Alliance* and write on the memo line *"AWM/WLS Program."*



*AWM*  
MINISTRIES



THE ALLIANCE  
Living the Call together®  
MATTHEW 28:18-20

