

# BUSINESS AND PROFESSIONAL WOMEN'S FEDERATION CHURCH OF GOD IN CHRIST



## MEMBERSHIP APPLICATION

*(Please print clearly or type the following requested information)*

### **Motto**

*It takes a real woman to live for God and living for God will make a real woman:  
Put our profession to work for God.*

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

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

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Birthday: \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
MONTH & DAY

Church Membership: \_\_\_\_\_  
CHURCH NAME CITY & STATE

Church Position(s): \_\_\_\_\_

Business or Profession: \_\_\_\_\_

Jurisdiction or National Auxilliary Membeship: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Jurisdictional Prelate: \_\_\_\_\_

Supervisor: \_\_\_\_\_

# Membership Application

*Please check (X) the Committee you would like to Chair  
And/or Committee you would like to serve on.*

COMMITTEE	CHAIR	SERVE ON
FUNDRAISING		
HOSPITALITY		
MEMBERSHIP		
NEWSLETTER		
PROGRAM		
PUBLIC RELATIONS		
SCHOLARSHIP		
OTHER ( <i>Please indicate</i> )		
COMMENTS		
SIGNATURE:		

*Please print this application, sign, scan & return by email.*