The Association for Women in Ministry Professionals
(AWMP)

Membership Application

Date

Name

Ministry Name

Ministry Title

Ministry Address

City Zip

Business Phone Fax

Home Phone Cell Phone

Home Address

City Zip

Preferred Mailing Address (Check one): ☐ Home ☐ Ministry

Preferred Email: _____ ☐ Add to AWMP E-Mail List

Annual Membership Dues

☐ Full Member: $75/year

☐ Associate Member: $40/year

For Associate Members Only: Please attach a written recommendation on ministry letterhead confirming your current service in your ministry. Or, if you are a seminary or bible-college student, please enclose an enrollment verification form from your current institution.

I have read and I agree with the AWMP Statement of Faith.

Signature _____

Submit completed application and check to:
AWMP
c/o Dipa Hart, Treasurer
2041 Fairmeadow Drive
Richardson, TX 75080

Office Use Only: Date received _____ Check # _____

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