



Association for
Women In Ministry
Professions

Corporate Membership Application

Ministry Organization Name:

Address (City, State, Zip):

Please complete this form for each woman serving as a staff member of your organization:

Name	Title	Email	Phone

Corporate Membership (4 - 6 Corporate memberships) \$ 240

Additional members may be added for \$40 each. (Add personal info on back)

Each member must be serving as a staff member of your organization.

Associate memberships are available for volunteers on individual membership form for \$25.

Return the Form with Payment from Organization to:

AWMP, PO Box 12391, Dallas, TX 75225