



Association for
Women In Ministry
Professions

Individual Membership Application

Name:

Email:

Preferred Phone Number:

Ministry Organization:

Ministry Title:

Ministry Phone:

Ministry Address (City & Zip):

Type of membership:

- Professional** —Must now serve in a **paid** ministry role in a parachurch, local church or other ministry organization, including but not limited to trainer, writer, speaker, chaplain, missionary, teacher, professor, or similar ministry roles.
- Associate**—Must provide a written recommendation on the ministry letterhead confirming your current service. If you are a seminary or bible college student, please enclose an enrollment verification form from your current institution instead of a recommendation letter.

Annual Membership Dues

Professional Member: \$70/year

Associate Member: \$25/year

Corporate Membership: \$240/year

(please use Corporate Membership Form)

- I have read and I agree with the AWMP Statement of Faith**

Signature _____ Date _____

In order to best serve you, please check the following:

- Other members may email me about their ministry events
- Other members may send me mail regarding ministry events

**Submit completed application, check, & letter for associates to:
AWMP, PO Box 12391, Dallas, TX 75225**