

**The International Association of Ministers' Wives and Ministers' Widows, Inc.**

**CHARTER APPLICATION**

**(For State/Nation and Local Associations)**

Instructions:

- Group requesting charter must have at least five (5) members
- Group requesting charter must have at a minimum the following elected officers: president, recording secretary and treasurer
- Group requesting charter must submit its Constitution and Bylaws with application
- Group requesting charter must submit its membership list (to include names, addresses, phone numbers and email addresses) with application
- Group requesting charter must submit application fee of \$100.00 with application
- Applications must be received and approved by Constitution Committee by May 31 of the year charter to be issued
- All information must be typewritten

This application is to charter a: (please place "X" by appropriate selection)

\_\_\_\_\_ State/Nation Association  
\_\_\_\_\_ Local Association



Name of State/Nation Association \_\_\_\_\_

Name of Local Association \_\_\_\_\_

Officers at time of application (name, complete address, phone number and email address)

President: \_\_\_\_\_

\_\_\_\_\_

Recording Secretary: \_\_\_\_\_

\_\_\_\_\_

Treasurer: \_\_\_\_\_

\_\_\_\_\_

Are Association's Constitution and Bylaws in compliance with the International Association of Ministers' Wives and Ministers' Widows, Inc. Constitution and Bylaws?

\_\_\_\_ Yes  
\_\_\_\_ No (If no, please provide brief explanation) \_\_\_\_\_  
\_\_\_\_\_

If applying for local charter, please list the names of other associations in same geographical area \_\_\_\_\_  
\_\_\_\_\_

Application fee of \$100.00 submitted (\_\_\_\_ certified or group check; \_\_\_\_ money order)

Local President's Signature \_\_\_\_\_ Date \_\_\_\_\_

State/Nation President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Regional Vice President's Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
Date Received by Constitution Committee Chairperson \_\_\_\_\_

Application approved by \_\_\_\_\_ Date \_\_\_\_\_

If not approved, reason for non-approval and date returned to Regional Vice President for corrections/modifications \_\_\_\_\_  
\_\_\_\_\_

Date/Place Charter issued \_\_\_\_\_

