INTERNATIONAL ASSOCIATION OF MINISTERS' WIVES AND MINISTERS' WIDOWS, INCORPORATED

LOCAL PRESIDENT REPORT

1

NAME OF LOCAL ORGANIZATION: _____

NAME OF STATE ORGANIZATION: _____

CONVENTION CITY: _____ STATE ____ DATE _____ 20 _____

2

Please Submit by April 30 Send all copies to Financial Secretary	**AMT PAID PRIOR TO THIS REPORT DATE: _____**	**AMT PAID WITH THIS REPORT**	**TOTAL FOR YEAR**
Local Organization Fees $100.00 per annum			
Founder's Day			
International Conference Support			
Ways & Means			
Commission on Student Affairs (scholarship)			
• Ada M. Palmer Scholarship Fund			
• E.C. Bouey Scholarship Fund			
• Gladden-Johnson Scholarship Fund			
• Rendella L. Gayton Scholarship Fund			
Headquarters Special Project			
3 **TOTAL ►**			

4

Name of Local President: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Local Secretary: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

5

MAKE MONEY ORDERS/ORGANIZATION CHECKS PAYABLE TO: IAMWMW

SEND A COPY OF THE FORM AND PAYMENT TO:
Mrs. Rosey Houston
207 Barnstead Ct.
Piedmont, SC 29673
Email: roseyhouston@gmail.com

On Site Registration: Cash or Money Order Only – NO CHECKS

IAMWMW OFFICE USE ONLY

Date Received _____ Total $ _____

Method of Payment: Cash _____ Credit Card _____ ☐ Visa ☐ MasterCard

Check Personal #_____ Association Check # _____ Money Order #_____

Receipt # _____

Revised 09/2026