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

STATE PRESIDENT REPORT

1

NAME OF STATE ORGANIZATION: _____

CONVENTION CITY: _____ STATE ____ DATE _____ 20 _____

2

Please Submit by April 30

Send all copies to Financial Secretary

List Local Chapter ONLY in your state or nation: (funds are reflected on local report)

	AMT PAID PRIOR TO THIS REPORT DATE: _____	**AMT PAID WITH THIS REPORT**	**TOTAL FOR YEAR**
State Organization Fees **$150.00 per annum**			
Founder's Day			
Headquarters Special Project			
International Conference Support			
Commission on Student Affairs (scholarship)			
• Ada M. Palmer Scholarship Fund			
• E.C. Bouey Scholarship Fund			
• Gladden-Johnson Scholarship Fund			
• Rendella L. Gayton Scholarship Fund			
Ways & Means			
TOTAL ►			

3

Name of State President:_____ Phone: _____

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

Name of State Secretary: _____ Phone: _____

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

4

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

5

IAMWMW OFFICE USE ONLY

Date Received _____ Total $ _____

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

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