



WOMEN'S MISSIONARY SOCIETY AFRICAN
METHODIST EPISCOPAL CHURCH

APPLICATION FOR LIFE MEMBERSHIP

NAME _____
PLEASE PRINT LEGIBLY

ADDRESS _____
STREET CITY ST ZIP

TELEPHONE #(____) _____ FAX #(____) _____

E-MAIL _____

NAME OF CONFERENCE BRANCH _____

CHRONOLOGY OF MEMBERSHIP: Became a member of Senior Society _____ (year).

List of churches and Missionary Societies served (use an additional sheet if necessary)

NAME OF CHURCH	PASTOR	SOCIETY	YEAR
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List of Meritorious Service (use an additional sheet if necessary)

LOCAL PRESIDENT _____
PRINT NAME SIGNATURE

PASTOR _____
PRINT NAME SIGNATURE

(CHECK ONE)

Is Applicant a Quadrennial Addition for Conference Branch? ___Yes ___No

If No, Provide Name of Deceased Life Member _____ Sunset Date _____

Conference President _____ Date _____

Episcopal District President _____ Date _____

Episcopal District Supervisor _____ Date _____

Presiding Bishop _____ Date _____

\$ _____ LIFE MEMBERSHIP FEE ENCLOSED (\$250.00 Districts 1 - 13; \$100.00 Districts 14 - 20)