



WESLEYAN HOLINESS
— WOMEN CLERGY —

MEMBERSHIP FORM

CONTACT INFORMATION:

Title: _____ Name: _____
(Rev/Dr/Rank/Mrs/Ms/Mr) (First) (Last)

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Denomination: _____

Ministry position / Student / Retired: _____

ANNUAL MEMBERSHIP FEE:

_____ Regular Membership - \$25 USD

_____ Student / Senior over 55 - \$15 USD

Please mail registration form with fee to:

WHWC
820 Woodsedge Dr.
Maryville IL 62062

Make check payable to:

WHWC. Please write *Membership* in the memo.

You will receive email confirmation that your registration has been received. Please visit us online at:
www.wesleyanholinesswomenclergy.org and like us on Facebook.

For more information and inquiries, please contact us at president@whwomenclergy.org.