

MEMBERSHIP FOR 2010

Virginia Baptist Women in Ministry

Name _____ Telephone () _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Place of Ministry _____ Position _____

The following information is requested for an ongoing statistical study. Please check and fill in the blanks.

- Paid Unpaid
- Full Time Part-time
- Ordained yes no
- Seminary Graduate yes no
- Name of seminary _____
- Name of degree _____



Membership for 2010

Regular (\$20) _____

Student (\$10) _____

Additional Donation _____

Total enclosed _____

Membership fee is \$20 (students, \$10) and runs the calendar year.

Membership includes announcements of conferences and other events, book lists, and discounts on conferences.

Please enclose check with this form and send to: VBWM, Box 70970, Richmond, VA 23255.

For more information, please visit our website: <http://www.vbwim.org>