

**MOUNT PILGRIM DISTRICT ASSOCIATION
(Women's Auxiliary)
REPRESENTATION FORM**

DATE _____

Missionary Society of _____
Name of Church

Address of Church _____ City _____ Zip Code _____

PRESIDENT / SUPERVISOR / COUNSELOR

Address _____

City _____ Zip Code Please _____

Telephone _____ Fax _____

Email Address _____

REPRESENTATION

Missionary Society:

	Class "A"	\$100.00
	Class "B"	\$ 50.00
	Class "C"	\$ 25.00

MATRONS _____ Each Circle \$ 25.00

YWA's and RED CIRCLE _____ Each \$ 5.00

SUNBEAMS and CRUSADERS _____ Each \$ 5.00

MINISTERS' WIVES _____ Each \$ 25.00

DEACONS AND TRUSTEE WIVES
AND GENERAL TRUSTEES _____ Each \$ 15.00

NURSES _____ Each \$ 20.00

VICE PRESIDENTS _____ Each \$ 10.00

ALL COMMITTEES _____ Each \$100.00 and above

MISSION STUDY _____ GIVE LIBERALLY

LAYMEN _____

PASTOR

Pastor's Address _____

City _____ Zip Code _____

Telephone _____ Fax _____

Email Address _____

Church Web Address _____

PERSONAL ENROLLMENT _____	\$10.00
ALL ADULTS _____	\$10.00
YOUTH PRESIDENTS _____	\$ 5.00
OTHER YOUTH _____	\$ 1.00

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

RECEIVED BY _____

REPRESENTATION	\$ _____
PERSONAL ENROLLMENT	\$ _____
TOTAL	\$ _____