

Please charter by January 31, 2024.

**Send $20.00 per club.**

You will receive a certificate for each club you partner with us.

**2024**

***GIRLS MINISTRIES MEMBERSHIP FORM***

***PEN-FLORIDA ASSEMBLIES OF GOD***

Please partner by January 31, 2024*(to be renewed annually)*

Coordinator’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE READ PRAYERFULLY***

\*\****As a Girls Ministries Group we will:***

1. **Follow the national guidelines** as stated in the *Girls Ministries Leader Training Guide*

2. **Send an offering** to our District Girls Ministries Department. This helps support the ministry and enables us to continue to reach out, minister and hold events.

3. **Notify the District Girls Ministries Department:**

(a) When there is a **change in Girls Ministries Coordinato**r

(b) When there are **address changes**

4. Keep accurate records and **send Bi-Annual Report** to District Girls Ministries Department.

5. **Support** District Missions Projects.

6. **Pray** for Girls Ministries and the Leadership in Pen-Florida District

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Coordinator

**Complete this form and mail with check to:**

**PFDC - *Girls Ministries Department***

***PO Box 24687***

***Lakeland, FL 33802-4687***

We are chartering **\_\_\_\_\_\_\_\_\_\_\_** clubs @$20.00 each = $\_\_\_\_\_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** = $\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

Received Date

Mailed Date

SECTION \_\_\_\_\_\_\_\_\_\_

Please type or print

CHURCH

ADDRESS

CITY

STATE/ZIP

EMAIL ADDRESS

PASTOR

**CLUB NAME Number of members**

RAINBOWS \_\_\_\_\_\_\_\_\_\_\_

DAISIES \_\_\_\_\_\_\_\_\_\_\_

PRIMS \_\_\_\_\_\_\_\_\_\_\_

STARS \_\_\_\_\_\_\_\_\_\_\_

FRIENDS \_\_\_\_\_\_\_\_\_\_\_

GIRLS ONLY \_\_\_\_\_\_\_\_\_\_\_

Is your church an official Assemblies of God Church? \_\_\_ Yes \_\_\_ No

If no, does your church agree with Pentecostal doctrine as stated in the Assemblies of God Constitution and Bylaws? \_\_\_\_Yes \_\_\_\_\_No