## National Coalition of Women Ministries



Ministry/organization:			
	icable):		
Church address:	,		
	ne focus of your women's minist		
□ Women (general)	□ Single mothers/women	□ Homeless	□ Drug addiction
□ Teenagers/children	□ Prostitution/pornography	□ Human trafficking	□ Domestic violence
□ Other (please explair	n):		



Mission statement: (Please state your mission and describe the vision of your organization/ministry)			
Statement of Faith:			
Fee:			
□ \$50 (> 50 members; non-profit organizations, no church affiliation)			
□ \$100 (<50 members; church affiliations)			
□ \$25 (student organization registered at a College or University)			
Only check or money order will be accepted. There is a return check fee of \$25.00 Questions about the fee or to discuss payment arrangements, please contact NCWM at			

Name (title) Date

