

**Ministers' Conference of Winston-Salem and Vicinity**

**Application and Member Contact Information Form**

**Annual Membership Fee: \$20\***

**2016**

**Members:** Please complete the information requested below so that we may include it in our membership roster. Note: Only work information will be made available to requestors outside the organization.

**(Please Print Clearly)**

Title (Reverend, Bishop, Elder, Minister, etc.)	
Position (Pastor, Associate, etc.)	
Last Name	
First Name	
Middle Name or Initial	
Street Address (Residence)	
City, State, Zip Code	
Church / Organization Name	
Church Pastor Name	
Street Address (Church / Organization)	
City, State, Zip Code	
Work Phone #	
Home Phone #	
Cell / Mobile Phone #	
Email Address (Personal / Church)	
Website (Church / Organization)	

**\*Please make checks payable to Ministers' Conference of Winston-Salem and Vicinity  
Dues can be paid at the weekly Tuesday conferences or mailed to 1075 Shalimar Drive,  
Winston-Salem, NC 27107**