



WOMEN'S MINISTRIES ANNUAL VISION PARTNERSHIP APPLICATION 2024



(PROVIDE INFO FOR DIRECTOR WHO WILL BE SERVING DURING 2024)

WM Director: _____ Number of WM members: _____

WM Director's address: _____

City: _____ State: _____ Zip Code: _____

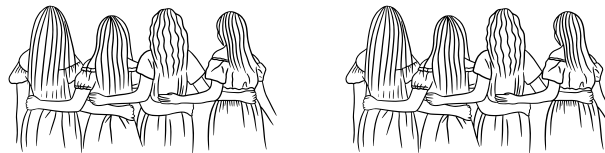
Phone number: _____ (Home) _____ (Cell)

Email: _____

Church: _____ District: _____

BENEFITS OF PARTNERING:

- Your local WM becomes a part of a larger organization - the IPHC Women's Ministries - and partners with their vision to support women as they do what they are called of God to do.
- Your local WM supports the NCWM by assisting with funding for Conference leadership training opportunities.
- Your local WM invests in:
 - Spreading the message of hope, freedom, and the power of God.
 - The lives of broken, bruised, battered, and lonely women.
 - Women seeking a place to fulfill their purpose.
- Your local WM will receive an official Vision Partnership Certificate suitable for framing.
- Your local WM will be able to improve your Ignite Initiatives score.



INSTRUCTIONS FOR PARTNERING:

Local WM should partner each January. • Complete this application and **send it to the NCWM Secretary-Treasurer** (address is below). • **Send \$75 Vision Partnership fee through your local church reporting process** (ERS or hard copy).

Please send application to NCWM Secretary/Treasurer: Anna Altman
531 Crestline Blvd. • Greenville, NC 27834 • 919.820.2820 • Annaealtman@gmail.com

For Conference use only: Processed on: _____ By: _____