



**WOMAN'S PEE DEE DISTRICT DEPARTMENT
OF THE
PEE DEE BAPTIST ASSOCIATION**

Life Membership Application

PLEASE PRINT:

Name _____
Last First Middle Initial

Address _____
Street City State Zip Code

Telephone (Home) _____ (Cell) _____

E-Mail _____

Name of Church _____

Name of Pastor _____

Name of Missionary President _____

Name of Cluster Leader(s) _____

Signature _____ Date _____

Amount Paid:

\$75.00 _____ \$50.00 _____ \$25.00 _____ Other _____

The Life Membership Assessment is \$75.00, however, we will accept installment payments. When your assessment is *paid in full*, you will receive a plaque. Make your check or money order payable to: **Woman's Pee Dee District Department**.

Mail application and payment to:	Minister Senora Mumford, Chairperson Life Membership Committee 1421 North Whitehall Drive Florence, SC 29506
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