## SOUTH GEORGIA WOMEN'S MINISTRIES PROFILE FORM



Please check: $\ \square$ Pastor's Wife $\ \square$	Women's Ministries President $\ \square$ Other $\ \_$	
Church:	Address:	
NAME	SPOUSE'S NAME	
(Please provide mailing address you want mail to	b be sent to.)	
ADDRESS		
(City)	(State)	(Zip)
TELEPHONE ()		
E-MAIL	CELL PHONE ()	
BIRTHDAY	ANNIVERSARY	
CHILDREN (Grandchildren) Names 8	& Ages	
Career (outside the Church)		
How long at present Church		
Social Media		
Contributing Writer (for web site m	onthly devotion) $\square$ YES $\square$ NO	
A few of your favorite things		
(Back of form may be used for addit	tional comments.)	
Mail, Fax or email to:		
<b>South Georgia Church of God State</b>	Executive Offices	

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