

CHARTER APPLICATION FOR GIRLS MINISTRIES CLUBS from September 2011- August 2012
Northern New England District Council of the Assemblies of God

Please type or print and complete both sides of your charter application. Mail completed charter application to: NNED, Attn: Girls Ministries, PO Box 611, Portland, ME 04104-0611. If you have any questions, please call the district office @ (207) 878-2777 or e-mail aabbatiello@maine.rr.com.

Church Name: _____

Section (please circle one): A-Aroostook; -N-Northern; -NC-North Central; C-Central; SE-Southeast;
 MT-White Mountain; -SW-Southwest; -NW-Northwest

Church City/State: _____

Coordinator's Name: _____

Coordinator's Address: _____

State: _____ Zip: _____ Coordinators Phone: (H) _____ (Cell) _____

Coordinator's E-Mail Address: _____

Pastor: _____ Pastor's Signature: _____

Is your church an official Assemblies of God church? _____

If not, what is your church affiliation? _____

<u>Number of members</u>	<u>Club</u>	<u>Date Organized (Approximate Year)</u>
_____	Rainbows (3 & 4 years)	_____
_____	Daisies (Kindergarten)	_____
_____	Prims (1 st & 2 nd grades)	_____
_____	Stars (3 rd -5 th grades)	_____
_____	Friends (6 th -8 th grades)	_____
_____	Girls Only (9 th -12 th grades)	_____

We are chartering _____ clubs at \$10.00 each = _____

(Total # of clubs)

(Total Dollar Amount)

Instructions

1. A \$10.00 service fee for each club must accompany this application. Please make your check payable to: NNED A/G and send along with this application to NNED, PO Box 611, Portland, ME 04104-0611.
2. Only clubs having a charter certificate are entitled to individual membership cards. One card for each club member as indicated above will be sent to you as part of your charter membership. Additional membership cards are available upon request for a small fee.
3. Charters will not be issued to non-Assembly of God churches unless approved by the Northern New England District Council of the Assemblies of God Superintendent.

For District Use Only:
Amount: _____
Check #: _____
Date: _____
Approved: _____

 Signature (Northern New England District A/G Superintendent)

SPONSORS NAMES AND ADDRESSES

Rainbows (Please Type or Print)

Sponsor's Name	Address	City/State	Zip	Phone

Daisies (Please Type or Print)

Sponsor's Name	Address	City/State	Zip	Phone

Prims (Please Type or Print)

Sponsor's Name	Address	City/State	Zip	Phone

Stars (Please Type or Print)

Sponsor's Name	Address	City/State	Zip	Phone

Friends (Please Type or Print)

Sponsor's Name	Address	City/State	Zip	Phone

Girls Only (Please Type or Print)

Sponsor's Name	Address	City/State	Zip	Phone