CHRISTIAN WOMEN CONNECTION PARTNERSHIP ROSTER

April 1, 20____ - March 31, 20____

PLEASE PRINT ALL INFORMATION CLEARLY.

Church: _____

CWC Group Name: _____

President/Coordinator: _____

State Treasurer: _____

Phone Number: _____

E-mail: _____

Total Number of Members: _____

Basic Partners _____ **Challenge Partners** _____ **Life Partners** _____

Basic Partners $15 **Challenge Partners $25** **Life Partners $150**

Total Amount Enclosed $_____

Instructions: All partners (including LIFE) need to be listed each year. New LIFE and paid partnerships will be subscribed to the Friday Connection E-newsletter.
Send your partnership funds along with your roster to your State Treasurer.

1. Draw a line through names of persons who are no longer partners.
2. Make corrections to names and addresses as needed. Be sure and include an email address.
3. Add names of new partners at the end of the list.
4. Write in the partnership amount paid ($15.00, $25.00, $150.00) and the group. For Basic and Challenge Partnerships 20% stays with the local, 20% goes to state, and 60% goes to the national.
5. Mail one copy to Christian Women Connection, P.O. Box 2328, Anderson, IN 46018.
6. Mail one copy to your State Treasurer.
7. Keep one copy for your records.
8. **State Treasurer will make two copies and send one to State President.**

Last Name	First Name	Street Address	City	State	Zip Code	Phone Number	Partnership Amount Paid	Email address