

CHARTER APPLICATION FOR GIRLS MINISTRIES CLUBS
September 20__ - August 20__
Northern New England District Council of the Assemblies of God

Please complete both pages of this Charter Application form and send it along with your payment to the address below. If you have any questions, please call Brenda at the District office (207) 878-2777 or email Brenda @ nnedbp@maine.rr.com.

Church Name: _____
 Section: _____ Church City/State: _____
 Coordinator's Name: _____ Coordinator's Email: _____
 Coordinator's Address: _____ State: _____ Zip: _____
 Coordinator's Home Phone # _____ Coordinator's Cell Phone # _____
 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)

Would you like certificates of charter? Yes or No
Would you like a membership card for each child? Yes or No
Would you like a coordinators packet? Yes or No

Instructions:

1. A \$10.00 service fee for each club must accompany this application. Please make your check payable to: **NNED** and mail along with this application to: **NNED, Attn: Girls Ministries, 501 Riverside Street, Portland ME 04103-1034.**
2. Only chartered clubs receive charter certificates and membership cards for each child (if requested). One card for each club member as indicated above will be sent to you as part of your charter membership.
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.

 Signature of Northern New England District A/G Superintendent

 Date

*Thank you for chartering! I am praying for God's richest blessings
 Upon your Girls Ministries program! May you be empowered,
 inspired and equipped as you invest in the lives of the girls in
 your area. ~ Brenda*

For District Use Only:	
Amount: _____	Check #: _____
Date: _____	
Approved: _____	
Cert. Mailed: _____	
Member Cards Mailed: _____	

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