

# Women Supporting Women Application

Females of Faith, Standing together Supporting one Another!  
Rose Jarvis Ministries

**Please Print**

First Name:		Last Name:	
Birthdate: <b>Month.</b>	<b>Day.</b>	<b>Year (NA)</b>	Ministry Title:
Phone Number: Cell:		Home:	Other:
Best time to call:		AM / PM	Email:
Marital Status: <b>Circle One</b>		Single	Married      Divorce      Widow
Church Affiliation:			
Pastor Name:			
Church Website:			
Your Address:    //		T-Shirt Size:	
Street Name 1:			
Street Name 2:			
City:		State:	Zip:

For Internal Use Only:		
Received By:		Date Rcvd:
Form of Payment: Check #		Date Paid:      Date Joined:
Donation Seed:		Sponsor Seed:      Date Rcvd:
Card #	Code:	Exp. Date      Type of Card:
Name on Card:		Payment Amt:      Cleared:

Signature:

Date:

# Women Supporting Women Application

Rose Jarvis Ministries

**Please Print**

Females of Faith, Standing together supporting one another!

**SHARE YOUR ACCEPTANCE TO YOUR SALVATION CALL:**

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Females of Faith, Standing together supporting one another!  
**WHY DO YOU WANT TO BE A PART OF W.S.W?**

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**ROSE JARVIS MINISTRIES**  
Females of Faith Standing together supporting one another!

Signature:

Date:

# Women Supporting Women Application

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**SHARE ANYTHING ADDITIONAL YOU WOULD LIKE US TO KNOW:**

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**PRAYER REQUEST:** \_\_\_\_\_

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Print Name:
Signature:
Date:

**THANK YOU FOR YOUR INTEREST IN WOMEN SERVING WOMEN (WSW) FEMALES OF FAITH! ONCE YOUR INFORMATION IS PROCESSED A WSW REPRESENTATIVE WILL CONTACT YOU. PLEASE MAKE SURE ALL INFORMATION IS CORRECT BEFORE SENDING BACK. ALL CHECKS SHOULD BE MADE OUT TO ROSE JARVIS MINISTRIES / MAILED TO ROSE JARVIS MINISTRIES, PO Box 1372, GLOUCESTER, VIRGINIA 23062. FEMALES OF FAITH,STANDING TOGETHER SUPPORTING ONE ANOTHER!**

Signature:

Date: