



**South Carolina Girls Ministries Charter Application
For a non-Assemblies of God Church**

Office Use Only	
Date Recv'd	_____
Amount cv'd	_____
Check #	_____
Recv'd by	_____ Entry #151568
Charters Sent	_____
Approved By	_____

January is the time to apply or renew your Girls Ministries charter membership and receive beautiful certificates for each group suitable for framing. A charter fee of \$10.00 per club must accompany this application. Colorful membership cards are available for each girl at .15 each. Send application and remittance to: [Alpha Scarbrough DGMD, 102 Monaco Circle, Clemson, SC 29631.](#)

Please type or print NEW _____ RENEWAL _____

CHURCH _____ SECTION _____

MAILING ADDRESS _____ CITY _____ ZIP _____

CHURCH PHONE _____ PASTOR _____

COORDINATOR _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ZIP _____

COORDINATOR E-MAIL _____



Club	Total Membership	# Membership Cards
Rainbows		
Daisies		
Prims		
Stars		

Club	Total Membership	# Membership Cards
Friends		
Girls Only		



We want to charter _____ (#) clubs at \$10.00 each = _____

Total number of membership cards needed _____ X .15 = _____

TOTAL AMOUNT ENCLOSED _____

INSTRUCTIONS

- A **\$10.00** fee for each club chartered must accompany this application.
- **Make checks payable to SCMRC/Girls Ministries.**
- **Charters are to be renewed annually in September.**
- Only clubs having a charter certificate are entitled to individual membership cards for each member. Cards are .15 each.
- Only clubs having a charter certificate are entitled to be recognized by the District and National offices for achievements earned.
- **If yours in a non-Assemblies of God church, do not complete this application.** Request information regarding chartering a non-Assemblies of God church from your district Girls Ministries website, at www.scmrcag.org/girlsministries.
- Send application and remittance to: [Alpha Scarbrough DGMD, 102 Monaco Circle, Clemson, SC 29631](#)

I recommend that this church be permitted to charter its clubs as listed on this form.		
District Superintendent _____	Yes _____ No _____	Date _____
District Superintendent: Please return this form to the Girls Ministries Director. Thank You		

PLEASE GIVE NAMES AND ADDRESSES OF SPONSORS

RAINBOWS NAME (MISS OR MRS) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____

DAISIES NAME (MISS OR MRS) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____

PRIMS NAME (MISS OR MRS) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____

STARS NAME (MISS OR MRS) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____

FRIENDS NAME (MISS OR MRS) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____

GIRLS ONLY NAME (MISS OR MRS) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____

CHILDRENS PASTOR NAME (MR. OR MRS) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____

YOUTH PASTOR NAME (MR. OR MRS) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____