



Elizabeth Ministry™

Important: Website Parish Chapter Registration Form

Once you have purchased an Elizabeth Ministry Starter Program, there is no additional fee to start an Elizabeth Ministry chapter. To begin your chapter and use the name Elizabeth Ministry, complete and sign this chapter registration form. Mail or fax the filled in form to Elizabeth Ministry International Headquarters. You will then receive an official certificate giving your chapter a registered number and permission to use the name Elizabeth Ministry for your chapter's nonprofit use only.

MAIL OR FAX FORM TO:
Elizabeth Ministry International
120 W 8th Street, Kaukauna, WI 54130
Phone: 920-766-9380 Fax: 920-766-1221

PLEASE PRINT OR TYPE

CHURCH NAME: _____

DENOMINATION: _____ IF CATHOLIC, DIOCESE: _____ BISHOP: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: (____) _____ FAX: (____) _____

EMAIL: _____ WEB SITE: _____

PASTOR'S NAME: _____ CHURCH MEMBERSHIP SIZE: _____

STAFF CONTACT: _____ TITLE: _____

VOLUNTEER CONTACT: _____

VOLUNTEER ADDRESS: _____
STREET CITY STATE ZIP

VOLUNTEER PHONE: (____) _____ EMAIL: _____

DATE ELIZABETH MINISTRY STARTER PROGRAM PURCHASED: _____ BY: _____
NAME

THE CHURCH USING THE NAME ELIZABETH MINISTRY AGREES TO THE FOLLOWING:

- To honor the intent of this ministry by valuing life before, during and after conception.
- To not sell any of the materials or program ideas related to this ministry for profit.
- To keep Jeannie Hannemann, the founder of Elizabeth Ministry, informed of the status of the ministry in your parish at least annually, by writing to her at the above address.
- To recognize that Elizabeth Ministers are to share their stories and provide support, not give advice.
- To recognize that Elizabeth Ministry is a family enrichment program and is not intended to substitute for professional counseling or medical attention.
- To agree that the author and publisher will not be held responsible for injuries that may result from an individual's or parish's application of this ministry.
- **Pastor's Signature:** _____ **Date:** _____

For Office Use Only: Date Received: _____ Date Entered: _____ Chapter Number: _____