

Women's Missionary Society Ninth Episcopal District African Methodist Episcopal Church 2025-26



Bishop Julius Harrison McAllister, Jr., Presiding Prelate Mrs. Deana Young McAllister, Episcopal Supervisor Ms. Sherryl Whiting, Episcopal President

WMS INTENT FORM

Please complete the form below and mail or email scanned copies with all signatures by **November 1, 2025** to:

Mrs. Cattie Epps Nominating Committee Chair 5 Godwin Court Phenix City, AL 36869 cattieepps@yahoo.com

Ms. Sherryl Whiting Episcopal President 801 DuBois Street Dothan, AL. 36303 srsw@comcast.net

Mrs. Deana McAllister Episcopal Supervisor 3588 Mossy Creek Lane Tallahassee, FL 32311 supervisordeymcallister@gmail.com

PLEASE PRINT

Date:						
Name:	Phone:					
Address:						
City:	State:	State:Zip Code:				
Email Address:						
Position Seeking:						
	ny Episcopal Position(S) before?					
If yes, what position(s	s) and for how long?					
SIGNATURES REQU	UIRED:					
Applicant's Signature:						
Local President's Sign	ature:	· · · · · · · · · · · · · · · · · · ·				
Conference President's	s Signature:	· · · · · · · · · · · · · · · · · · ·				
Pastor's Signature:						

MEMBERSHIP AND EXPERIENCE

Church and City:						
Pastor's Name:						
Local WMS President's Name:_						
Name of Conference Branch:						
Conference Branch President's	Name:					
Do you currently hold an Electe Connectional Position:	ed or Appo	ointed A	rea, Confer	ence, Episcop	al, or	
	Yes	or	No			
If yes, what position and do you	plan to h	old that	position ne	xt year?		
				Yes	or	No
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