



*Mission: To challenge young ladies to accept only God's best for their lives.*

**Georgia-Area Chapter:** [Info@GLOSSsisterhood.com](mailto:Info@GLOSSsisterhood.com)

**Virginia-Area Chapter:** [DMVGLOSSsisterhood@gmail.com](mailto:DMVGLOSSsisterhood@gmail.com)

**GLOSS Headquarters**

PO Box 870762 \* Stone Mountain, GA 30087

(404) 713-2391

[www.GLOSSsisterhood.com](http://www.GLOSSsisterhood.com)



*Mission: To challenge young ladies to accept only God's best for their lives.*

*Vision: To build a global sisterhood of Christ-centered young ladies and a network of resources to enhance their lives.*

**GREETINGS!** I have been charged by God to care for you, to share my anointing, knowledge and wisdom.

GLOSS is a sisterhood of young ladies between 5 and 25 years old who desire an intimate relationship with Jesus Christ. These ladies fellowship to be encouraged, to learn, to relax, to be pampered, to eat, to laugh and to share their life experiences with one another. GLOSS was founded and operates under biblical truths. Ephesians 2:10 supports our mission and Colossian 3:12-17 depicts the essence of a sister of GLOSS. GLOSS endeavors to assist young ladies in shining as they blossom through the multiple phases of life. Through regular fellowships, studies, events and travel, members of GLOSS are destined for greatness.

*Cherise*



## What is GLOSS?

**G**od's Ladies Of Significance & Service (GLOSS) is a sisterhood of young ladies ages 5 to 25 who desire and pursue an intimate relationship with Jesus Christ. The Sisters of GLOSS fellowship to be encouraged, to learn, to be pampered, to relax, to eat, to laugh and to share their life experiences with one another. GLOSS was founded in 2006 to assist young girls and young ladies in shining as they blossom through the multiple phases of life. GLOSS is a Christian-based organization meaning that its goals and activities follow biblical standards. Ephesians 2:10 supports GLOSS's mission and Colossians 3:12-17 depicts the essence of what the GLOSS sisterhood is.

**T**he Sisters of GLOSS pursue the development and enrichment of their spiritual, physical, emotional, academic and social skills through annual special events, quarterly summits, monthly fellowships, classes and service projects. GLOSS is divided into five phase groups that reflect the different ages and points of self-awareness: Loving Yourself (5- 8 Years Old), Knowing Yourself (9- 12 Years Old), Accepting Yourself (13- 16 Years Old), Enhancing Yourself (17- 20 Years Old) and Maintaining Yourself (21- 25 Years Old). Every woman has experienced these phases and wise counsel always needed. Professionally trained "Phase Coaches" are assigned to each group to help fulfill GLOSS's mission by encouraging, motivating, advising, and praying for the young ladies.

**T**he vision for GLOSS is to develop a global sisterhood of Christian young ladies and a network of resources to enhance them. Within the next two years, GLOSS is expected to have chapters throughout the east coast. GLOSS estimates that the two year projection will include salaried staff, over 150 Sisters and a host of volunteers in at least 3 states. Within the next five years, GLOSS is expected to at least triple all the expectations of the two year goals. Future plans include a GLOSS TV show, a GLOSS magazine, a GLOSS store, a Baby GLOSS program, a GLOSSpreneur, a GLOSS clothing line, and a GLOSS lip gloss. God asks in Chapter 32 of Jeremiah, verse 27, "Is there anything too hard for me?" GLOSS responds by saying absolutely not! GLOSS can do all things through Christ which gives the strength.



## Membership

### Benefits of Membership

- Personal Development
- Spiritual Growth and Covering
- Enhanced Domestic, Social and Professional Development
- Networking and Relationship Building with Other Purpose Driven Youth
- Networking and Relationship Building with Career Professionals
- Establishing Healthy Sisterhood Bonds
- Completed Personal Business Plan
- Travel Opportunities
- Professional References and Recommendations
- Membership Gifts
- Recognition at Special Events
- Stronger Family Relationships
- Opportunity for Community Service Hours

### Membership Qualifications

- Ladies ages 5 to 25 on application date
- Desire to have an intimate relationship with Jesus Christ
- Full-time student
- Striving for academic excellence
- Willing to live by biblical truths
- Completed GLOSS application
- Interview with GLOSS representative

### Cost

- Butterfly Kit \$65.00



## Membership Application

*Mission: To challenge each young lady to accept only God's best for her life.*

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Name \_\_\_\_\_

# GLOSS Membership Application

Please Type or Print!!

Date \_\_\_\_\_ Select: GA Chapter \_\_\_\_\_ VA Chapter \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Also Known As \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_ Grade/Years of College \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

Major/Field of Study \_\_\_\_\_ Degree/Certification \_\_\_\_\_

Place of Worship or Religious Affiliation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mother's Email \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father's Email \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Lives With: \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Relatives \_\_\_\_ Other

Sisters' Names and Ages \_\_\_\_\_

## FAVORITES

Meal/Cuisine \_\_\_\_\_

Bible Verse \_\_\_\_\_

Book \_\_\_\_\_

Fashion Designer \_\_\_\_\_

Movie \_\_\_\_\_

Subject to Study \_\_\_\_\_

Song \_\_\_\_\_

Place to for Fun \_\_\_\_\_

TV Show \_\_\_\_\_

Pizza Topping \_\_\_\_\_

Ice Cream Flavor \_\_\_\_\_

Color \_\_\_\_\_

## Getting to Know You More

*Attach a separate sheet of paper if necessary.*

1. What 3 adjectives describe you best? \_\_\_\_\_

2. What person do you aspire to meet? Explain why.

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3. How will your membership benefit GLOSS?

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4. What are your expectations from GLOSS?

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5. What would you like to improve on concerning your relationship with Jesus Christ?

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6. If you could go anywhere in the world, where would you go? Why?

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- |  |     |    |        |
|--|-----|----|--------|
| 7. Do you believe that Jesus Christ died on the cross?       | Yes | No | Unsure |
| 8. Do you believe that he was resurrected?                   | Yes | No | Unsure |
| 9. Are you willing to obey the teachings of the Bible?       | Yes | No | Unsure |
| 10. Are you willing to accept only God's best for your life? | Yes | No | Unsure |



**On a separate sheet of paper, print or type the following:**

- |                                |                      |
|--------------------------------|----------------------|
| ▪ Memberships and Involvements | ▪ Other Achievements |
| ▪ Volunteer Experiences        | ▪ Work Experience    |
| ▪ Accomplishments/Awards       |                      |

*You may attach a resume, if applicable*

## MEDICAL AUTHORIZATION

List any allergies (include food) \_\_\_\_\_

List any health concerns \_\_\_\_\_

Medical Insurance \_\_\_\_\_ ID # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**I give my permission for my child to receive medical treatment if I cannot be reached.**

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

## Butterfly Kit

*Make checks payable to: GLOSS*

**I understand that the Butterfly Kit for GLOSS is sixty five dollars (\$65.00). The Butterfly Kit includes a Sister of GLOSS Handbook, a GLOSS shirt, a journal and more.**

Date \_\_\_\_\_ Responsible Party's Signature \_\_\_\_\_

## PERMISSION

**I declare that the information provided on this GLOSS application is accurate and completed to the best of my knowledge. I understand that false information may cause my application to be rejected.**

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

### *For Office Use Only*

Chapter \_\_\_\_\_

Registration Amount \$ \_\_\_\_\_ Cash/Check Number \_\_\_\_\_ Date \_\_\_\_\_

Date Interviewed \_\_\_\_\_ By \_\_\_\_\_

Phase \_\_\_\_\_ WPS \_\_\_\_\_ MPIF \_\_\_\_\_



## I am Interested In GLOSS!

Date: \_\_\_\_\_

What is your area of interest?

\_\_\_ GLOSS Membership

\_\_\_ Volunteering your time, treasure and/or talent

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_@\_\_\_\_\_

How did you here about GLOSS? \_\_\_\_\_

Which chapters are you interested in?

\_\_\_ Atlanta, GA Metro-Area

\_\_\_ Woodbridge, VA Metro-Area

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