

LWML INDIVIDUAL MEMBERSHIP FORM

I wish to become an individual member of the Lutheran Women's Missionary League. I fully support the mission statement of the LWML, and I pledge to serve my Lord by supporting mission grants, service programs, and fellowship events sponsored by the LWML.

Name

Address

City, State, Zip

Home Phone

Cell Phone

Email

I am a communicant member of this LCMS congregation:

Congregation Name

Congregation Address

Congregation City, State, Zip

Signature

Date