INDIVIDUAL MEMBERSHIP APPLICATION
LUTHERAN WOMEN'S MISSIONARY LEAGUE
MISSOURI DISTRICT

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

(Please Print or Type)

NAME _____
(First) (Middle) (Last)

ADDRESS _____

_____

TELEPHONE: _____Email_____

I am a communicant member of this Lutheran Church-Missouri Synod congregation:

NAME OF CONGREGATION _____

ADDRESS _____

_____

SIGNATURE OF MEMBER _____

DATE _____

SIGNATURE OF PASTOR _____

DATE _____

LWML ZONE NAME (if known) _____

Send completed form to: Pat Petzoldt, VP of Organizational Resources
293 Lakewood Drive
Frohna, MO 63748
OR E-mail to patspub@aol.com