

**Society Application for Lutheran Women's Missionary League  
Missouri District**

We, the (name of society) \_\_\_\_\_

Of \_\_\_\_\_ (Church)

In (City) \_\_\_\_\_, Missouri

On (Date) \_\_\_\_\_ has resolved to become affiliated with and hereby apply for membership in the LUTHERAN WOMEN'S MISSIONARY LEAGUE, MISSOURI DISTRICT. In order to carry out the purposes of the League together with other societies of THE LUTHERAN CHURCH MISSOURI SYNOD.

Society President: (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone No.) \_\_\_\_\_ (Email) \_\_\_\_\_

Society Treasurer (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone No.) \_\_\_\_\_ (Email) \_\_\_\_\_

Number of Society Members \_\_\_\_\_

Church's Address: *Note: The Lutheran Woman's Quarterly will be mailed to this address:*

\_\_\_\_\_

Does this congregation have other societies affiliated with the LWML? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give the names of the other societies \_\_\_\_\_

Zone (Name) \_\_\_\_\_

Zone President (Name) \_\_\_\_\_

Date accepted by the Zone: \_\_\_\_\_ Date accepted by the District: \_\_\_\_\_

**Mail completed form to: Pat Petzoldt, Vice President of Organizational Resources  
293 Lakewood Dr., Frohna, MO 63748  
Or email to: patspub@aol.com**