

**SOCIETY DISBANDMENT
Lutheran Women's Missionary League
Missouri District**

Date _____

To: _____ (Zone President)

Zone: _____

_____ (District VP of Organizational Resources)

From: _____ (Society Representative)

_____ (Address)

_____ (City, State, ZIP)

We, the (name of society) _____

Of _____ Church

In (city) _____ Missouri,

On (date) _____ have resolved to disband and withdraw the affiliation with the LUTHERAN WOMEN'S MISSIONARY LEAGUE, MISSOURI DISTRICT.

Reason for disbandment, if known:

Zone efforts to work with the society before disbandment (e.g., meeting with remaining members, MMV consultant):

**Zone President Mail Form to: Pat Petzoldt (VP Organizational Resources)
293 Lakewood Dr., Frohna MO 63748
patspub@aol.com**