

INDIVIDUAL MEMBERSHIP FORM

I wish to become an Individual Member of the Lutheran Women's Missionary League (LWML). 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.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

e-mail: _____

I am a communicant member of this LCMS congregation:

Name: _____

Address: _____

City, State, Zip Code: _____

Pastor: _____

Signature of member: _____

Date: _____

Pastor's signature: _____