

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

Telephone

Fax

E-Mail

I am a communicant member of this LCMS congregation.

Name

Address

City, State ZIP

Signature
