

LUTHERAN WOMEN'S MISSIONARY LEAGUE

THE LUTHERAN CHURCH - MISSOURI SYNOD

SELC DISTRICT

The _____ Society
of _____ Church

City, State & Zip Code

Wishes to apply for membership in the Lutheran Women's
Missionary League of the SELC District

Date _____ Signed: _____

Pastor President
Secretary

_____ Number of Members in Your Group

_____ Number of Mite Boxes needed

_____ Number of Quarterlies you would like to receive

(Cost is ^{\$3.00}~~\$2.00~~ per person per year)

