



## APPLICATION FOR GROUP MEMBERSHIP

Name of Group: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Group Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

We, the members of the above-named group and church, affiliated with the Lutheran Church – Missouri Synod, have resolved to become affiliated with, and hereby apply for membership in, the Lutheran Women’s Missionary League Kansas District, in order to carry out the purposes of the League together with other groups of the Lutheran Church—Missouri Synod. Our group currently has \_\_\_\_ members.

Signed: \_\_\_\_\_  
Group President/chairman

Date: \_\_\_\_\_

Approval by Congregation: \_\_\_\_\_  
Signature of Chairman of the Congregation

Return to:

**Current President Name**  
**LWML Kansas District President**  
President Address  
City, St, Zip  
phone if desired

***Serve the Lord with Gladness! (Psalm 100:2)***

***Mission Statement of LWML***

*As Lutheran Women in Mission, we joyfully proclaim Christ,  
support missions, and equip women to honor God by serving others.*