



APPLICATION FOR INDIVIDUAL MEMBERSHIP

I wish to become an individual member of the Lutheran Women's Missionary League Kansas District. I fully support the mission statement of the LWML, and I pledge to serve my Lord by supporting mission grants, service projects, and participating in LWML fellowship events as I am able.

Name _____

Address _____

Email _____ Phone _____

I am a communicant member of this LCMS congregation:

Congregation Name _____

Address _____

Signature _____

Date _____

Return to:

Current President Name
LWML Kansas District 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.*