



## APPLICATION FOR E-GROUP MEMBERSHIP

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

Name of Contact Person: \_\_\_\_\_

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

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

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

We, the members of the above-named group, 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 contact

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

Return to:

***Current President name here***

**LWML Kansas District President**

Current President Address

City, State Zip

phone number 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.*