

**2026 GROUP MEMBERSHIP REPORT  
LUTHERAN WOMEN'S MISSIONARY LEAGUE  
TEXAS DISTRICT**

DUE BEFORE **OCTOBER 20, 2025** TO YOUR ZONE PRESIDENT

\_\_\_\_\_  
Zone

Complete each blank and mail both pages and check to your zone president.

\_\_\_\_\_  
(Group Name as Appearing on Bylaws) (Congregation [Name of Church])

\_\_\_\_\_  
(**President/Contact Person**) (City of Congregation)

\_\_\_\_\_  
(Address of President/Contact Person) (City, State) (ZIP Code)

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
(**Group Treasurer**) (Address of Treasurer) (City, State) (ZIP Code)

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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**GROUP STATISTICS:** **Number of active members as of December 31, 2025** \_\_\_\_\_  
(Refer to the LWML Texas District Group and Member Reporting Guidelines)

Meeting day \_\_\_\_\_ Officer election month \_\_\_\_\_  
(e.g., first Tuesday of the month)

We are sponsoring a Teen Group  YES  NO \_\_\_\_\_  
(If YES, Name of Contact Person)

\_\_\_\_\_  
(Address of Contact Person) (City, State) (ZIP Code)

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Signature of Group President / Contact Person)

**ALL QUARTERLY SUBSCRIPTIONS MUST BE RENEWED ANNUALLY**  
 (All groups — new AND continuing — should use this form)

Group Name \_\_\_\_\_ Zone \_\_\_\_\_

Congregation (Name of Church) \_\_\_\_\_

Address of Church \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Is church address acceptable delivery for *Lutheran Woman's Quarterly*?  YES  NO  
 (If no, attach a note indicating address to be sent)

Quantity of regular print subscriptions (minimum of 10) \_\_\_\_\_ x \$6.50 \$ \_\_\_\_\_  
 or quantity of regular print subscriptions (1–9) \_\_\_\_\_ x \$8.00 \$ \_\_\_\_\_  
 Number of large print subscriptions \_\_\_\_\_ x \$1.00 \$ \_\_\_\_\_  
 Total for *Quarterly* Subscriptions: \_\_\_\_\_ \$ \_\_\_\_\_

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Please consider a suggested donation of \$1 per member per year for *District News*. Payment for *Quarterly* subscriptions and *District News* donation can be combined in one check. Indicate designated amounts in appropriate space on remittance form below. Please print legibly.

<b>LWML TEXAS DISTRICT REMITTANCE FORM</b>	
Checks payable to LWML Texas District	
<b>(Please use ONE form PER CHECK)</b>	<b>Date:</b>
GROUP NAME:	
CHURCH NAME and CITY:	
	<b>QUARTERLY:</b>
GROUP TREASURER (Name, Address, Email Address, Phone Number):	<b>DISTRICT NEWS (LUTHERAN WITNESS):</b>
	<b>TOTAL:</b>

\_\_\_\_\_ Group Treasurer's Telephone

\_\_\_\_\_ Group Treasurer's Email Address

Quantity of *Quarterly* subscriptions ordered:

\_\_\_\_\_ # of regular print      \_\_\_\_\_ # of large print

**NOTE: Do not include a mite offering with the *Quarterly/District News* payment. Please send separately.**