2024 INDIVIDUAL MEMBERSHIP REPORT

LUTHERAN WOMEN'S MISSIONARY LEAGUE TEXAS DISTRICT SEND ENTIRE FORM TO YOUR ZONE PRESIDENT BEFORE OCT 20, 2023

		Zone		
I wish to □ become or □ continue as I fully support the mission statemer programs, and fellowship events sp contribute to the zone travel assess	nt of the LWML and pledo onsored by the LWML. As	ge to serve my Lord by sup s a member of the zone, I u	porting mission derstand tha	on grants, service t l am expected to
(Name)				
(Address)		(City, State)		(ZIP Code)
(Telephone Number)		(Email Address)		
I am a communicant member of	this LCMS Congregation	on:		
(Church Address)		(City, State)		(ZIP Code)
(Pastor's Signature)	(Date)	(Individual Member's Signa	ture)	(Date)
× × ×	× × ×	× × ×	- × ×	· × ×
(Name) (Address) (Telephone Number)	Quantity of re or more subscriptions are orden	(City, State) (Email Address) gular print subscriptions (1–9) ed, cost is \$6.00 per subscriptions tity of large print subscriptions Total for Quarterly S	x \$7.50	(ZIP Code) 0 \$ 0 \$
× × × ×	× × ×	•	-	
Please conside Payment for Quarterly subscriptions	r a suggested donation and District News donation of	on of \$1 per year for <i>Di</i>	istrict News Indicate desig	t. nated amounts in
	LWM (Please use ONE fo	L TEXAS DISTRICT R	EMITTANC Date:	E FORM
	INDIVIDUAL NAME:		MITES:	
Individual Member's Telephone	ADDRESS, CITY & ZIP CODE:			
			QUARTER	SI A.
Quantity of <i>Quarterly</i> subscriptions ordered:	EMAIL ADDRESS:			NEWS (LUTHERAN WITNESS):
	ZONE:		OTHER:	
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