

2025 INDIVIDUAL MEMBERSHIP REPORT
LUTHERAN WOMEN'S MISSIONARY LEAGUE TEXAS DISTRICT

SEND ENTIRE FORM TO YOUR ZONE PRESIDENT BEFORE OCT 20, 2024

Zone _____

I wish to become or continue as an individual member of the Lutheran Women’s Missionary League Texas District. I fully support the mission statement of the LWML and pledge to serve my Lord by supporting mission grants, service programs, and fellowship events sponsored by the LWML. As a member of the zone, I understand that I am expected to contribute to the zone travel assessment fund and may attend zone events and serve as a zone officer.

 (Name)

 (Address)

 (City, State)

 (ZIP Code)

 (Telephone Number)

 (Email Address)

I am a communicant member of this LCMS Congregation: _____

 (Church Address)

 (City, State)

 (ZIP Code)

 (Pastor's Signature – if a new application)

 (Date)

 (Individual Member's Signature)

 (Date)

✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂

INDIVIDUAL MEMBER ORDER FOR LUTHERAN WOMAN'S QUARTERLY SUBSCRIPTION(S)

ALL QUARTERLY SUBSCRIPTIONS MUST BE RENEWED ANNUALLY (all individual members -- new **AND** continuing, should use this form).
 Quarterly issues will be mailed to individual member’s home address unless Quarterly Coordinator is instructed otherwise.

 (Name)

 (Address)

 (City, State)

 (ZIP Code)

 (Telephone Number)

 (Email Address)

Quantity of regular print subscriptions (1–9) _____ x \$7.50 \$ _____
 (if 10 or more subscriptions are ordered, cost is \$6.00 per subscription)

Quantity of large print subscriptions _____ x \$1.00 \$ _____

Total for Quarterly Subscriptions: \$ _____

✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂

Please consider a suggested donation of \$1 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. Reverse side may be used to clarify.

 Individual Member's Telephone

Quantity of *Quarterly*
 subscriptions ordered:

 # of regular print

 # of large print

LWML TEXAS DISTRICT REMITTANCE FORM	
(Please use ONE form PER CHECK)	
Date: _____	
INDIVIDUAL NAME:	MITES:
ADDRESS, CITY & ZIP CODE:	
	QUARTERLY:
EMAIL ADDRESS:	DISTRICT NEWS (LUTHERAN WITNESS):
ZONE:	OTHER:
NOTE: Send remittance to Texas District Financial Secretary Make check payable to: "LWML Texas District"	TOTAL: