

2025 ZONE MEMBERSHIP REPORT

LUTHERAN WOMEN'S MISSIONARY LEAGUE TEXAS DISTRICT

_____ Zone

Zone President

Name _____
 Address _____
 City & ZIP _____
 Phone(_____) _____
 Email _____

Zone Pastoral Counselor

Name _____
 Address _____
 City & ZIP _____
 Phone(_____) _____
 Email _____

Zone Christian Life

Name _____
 Address _____
 City & ZIP _____
 Phone(_____) _____
 Email _____

Zone Young Woman Representative

Name _____
 Address _____
 City & ZIP _____
 Phone(_____) _____
 Email _____

Zone Mission Service (Human Care)

Name _____
 Address _____
 City & ZIP _____
 Phone(_____) _____
 Email _____

Zone Young Woman Representative

Name _____
 Address _____
 City & ZIP _____
 Phone(_____) _____
 Email _____

Zone Leader (Member) Development

Name _____
 Address _____
 City & ZIP _____
 Phone(_____) _____
 Email _____

Zone Treasurer

Name _____
 Address _____
 City & ZIP _____
 Phone(_____) _____
 Email _____

Attach additional sheet if more space is needed for any item below.

Name(s) of any group (include city and church) that became supporting (inactive or disbanded) in 2024 (include brief statement explaining why):

Zone Activities held in 2024 –

Number of Rallies _____	Total attendance at all Rallies _____
Number of Workshops _____	Total attendance at all Workshops _____
Number of Retreats _____	Total attendance at all Retreats _____
Other Event(s) _____	

(Indicate Name/Type of Event)

Attendance _____

Total number of members in zone _____
(Including Individual Members)



Zone President's Signature

Zone President: After verifying addresses, especially email addresses, **send this completed form, along with all completed 2025 Group Membership Reports, 2025 Individual Membership Forms, and all payments by November 1, 2024 to:**

Vice President of Organizational Resources by email at organizationalresources@lwmltxdist.org or contact her by email for a mailing address

Keep a copy of this completed form for your files.