

**2027 GROUP MEMBERSHIP REPORT**  
**LUTHERAN WOMEN'S MISSIONARY LEAGUE**  
**TEXAS DISTRICT**

DUE BEFORE **OCTOBER 20, 2026** TO YOUR ZONE PRESIDENT

\_\_\_\_\_  
Zone

**Print or type clearly.** Complete each blank on both forms. **NEW:** Forward this 2027 Group Membership Report to your zone president. Please keep a copy for your records.

\_\_\_\_\_  
(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, 2026 \_\_\_\_\_  
(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)

**NEW:** Complete this form and send with your payment to the **Quarterly Coordinator**. Please keep a copy for your records.

## *Lutheran Woman's Quarterly* **Remittance Form (2027)**

**Complete this form and mail it with your payment by November 1, 2026.**

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### **LWML GROUP INFORMATION:**

Group Name \_\_\_\_\_ Church/City \_\_\_\_\_

Address *Quarterly* is to be mailed to \_\_\_\_\_  
Street Address, City, State, Zip +4 Code

Attention \_\_\_\_\_

Group Treasurer's name \_\_\_\_\_ LWML Zone \_\_\_\_\_

Treasurer's phone \_\_\_\_\_ Treasurer's email \_\_\_\_\_

### **REMITTANCE INFORMATION:**

| 2027 Lutheran Women's Quarterly Subscriptions |                | Price  |   | Quantity | Total |
|-----------------------------------------------|----------------|--------|---|----------|-------|
| Quantity of regular print subscriptions       | 1-9            | \$8.00 | x |          | = \$  |
| Quantity of regular print subscriptions       | 10 or More     | \$6.50 | x |          | = \$  |
| Large Print subscriptions                     |                | \$1.00 | x |          | = \$  |
| Total Quarterlies Subscriptions: \$ _____     |                |        |   |          |       |
| Suggested Donation for District News          | \$1 per member | \$1.00 | x |          | = \$  |

**TOTAL REMITTANCE DUE \$ \_\_\_\_\_**

Make checks payable to: **LWML Texas District**

Mail only this **form** and the **payment** to:

**Alissa Elley – Quarterly Coordinator**  
**LWML Texas District**  
**PO Box 183**  
**Seguin, TX 78156**

Contact information: (email) [alissalwml@gmail.com](mailto:alissalwml@gmail.com)  
(phone) 830.743.1949