## 2026 INDIVIDUAL MEMBERSHIP REPORT

### LUTHERAN WOMEN'S MISSIONARY LEAGUE TEXAS DISTRICT

SEND ENTIRE FORM TO YOUR ZONE PRESIDENT BEFORE OCT. 20, 2025

_____
Zone

I wish to bec*ome* ☐ 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

_____
Phone

_____
Email

I am a communicant member this LCMS congregation:

_____
Congregation Name

_____
Congregation Address

_____
Congregation City, State, Zip

_____ _____
Individual Member 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

_____
phone

_____
Email address

Quantity of regular print (1–9) _____ x $8.00 $ _____
*(if 10 or more subscriptions are ordered, cost is $6.50 per subscription)*

Quantity of large print _____ 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.

| **LWML TEXAS DISTRICT REMITTANCE FORM - INDIVIDUAL MEMBERS ONLY** (Please use ONE form PER CHECK) | |
|---|---|
| **Individual Name:** | **Date:** |
| | **Mites:** (25% LWML, 75% District) |
| **Zone:** | |
| **Address, City & Zip Code:** | ****District Mites Only:** |
| | ***National Mites Only:** |
| | |
| **Email Address & Phone Number:** | |
| | **Other:** |
| | |
| **NOTE: Send remittance to Texas District Financial Secretary** **Make check payable to "LWML Texas District"** | **Total:** |