# LWML Individual Membership Form

I wish to become an individual member of the Lutheran Women’s Missionary League. I fully support the mission statement of the LWML, and I pledge to serve my Lord by supporting mission grants, service programs, and fellowship events sponsored by the LWML.

Name

Address

City, State, ZIP

Telephone

Email Address

I am a communicant member of this LCMS congregation.

Congregation

Street Address

City, State, ZIP

Signature Date:

**Send to:**

Roxan Schwab, CNH LWML President

21020 Disch Road, Lockeford, CA 95237

Email: roxan.schwab@outlook.com