

**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.

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I am a communicant member of this LCMS congregation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SEND TO:**

Lynnette Campbell  
1689 Clark Lane  
Concord, CA 94521

Email: [llca4him@gmail.com](mailto:llca4him@gmail.com)