



## Application to form a new group of the Lutheran Women's Missionary League Atlantic District

Date: \_\_\_\_\_

The Lutheran Women in Mission of \_\_\_\_\_ Lutheran Church have  
joined together to form an LWML group named \_\_\_\_\_ with (number)  
\_\_\_\_\_ members.

Signature of Pastor \_\_\_\_\_

Pastor's name \_\_\_\_\_

Pastor's email address \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Group Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone and Email \_\_\_\_\_

Officers (optional):

President Name \_\_\_\_\_

Phone, Email \_\_\_\_\_

Vice President Name \_\_\_\_\_

Phone, Email \_\_\_\_\_

Secretary Name \_\_\_\_\_

Phone, Email \_\_\_\_\_

Treasurer Name \_\_\_\_\_

Phone, Email \_\_\_\_\_

Send this completed form to your LWML district president, Deaconess Raquel A. Rojas at  
[president@adlwml.org](mailto:president@adlwml.org).