



## FRIENDS INTO SERVING HIM GROUP REGISTRATION FORM

LWML District: \_\_\_\_\_

Zone: \_\_\_\_\_

Sponsorship Type:  LWML Society       Individual LWML Member

(Please complete corresponding blanks below according to sponsorship type.)

**Society:**

Name of Congregation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Society Name: \_\_\_\_\_

Current Society President: \_\_\_\_\_

**Individual LWML Member:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you currently affiliated with an LWML society?  Yes     No

If yes, please provide name and location of congregation where this society meets.

\_\_\_\_\_  
\_\_\_\_\_

For all adult mentors who will be working with this Friends Into Serving Him group, please list the following information:

NAME	ADDRESS	TELEPHONE	E-MAIL	AGE

(If additional names are to be submitted, please attach a separate sheet.)

Submitted By: \_\_\_\_\_

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

This form is to be completed by the organizers of Friends Into Serving Him groups and their sponsoring LWML society or individual LWML member (“Sponsor”). One copy of this completed form should be kept with Sponsor’s records and one copy should be forwarded by Sponsor to the district LWML officer, as determined by the district, to be kept with district LWML records.