



Application for CLW Affiliation

Please complete and return the original form to the address shown below. (Please retain a copy for your files.)

Robin McLaughlin, CLW Secretary
4155 Jackson Road
 Mooresville, NC 28115
mclaughlins@ctc.net

Church Name: _____

Name of your Church Women's Organization: _____

Church Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Church E-mail Address: _____

Contact: _____ Phone: _____

Please check the box which best fits your congregation:

- North American Lutheran Church (NALC) congregation
 Lutheran Congregations in Mission for Christ (LCMC) congregation
 Dual membership congregation of NALC and LCMC
 Other: _____

Our congregation wishes to affiliate with Carolinas Lutheran Women (CLW).

With our affiliation, we will support the Mission Statement and Purpose of CLW. In addition, we understand that we will be granted the privilege to nominate for CLW Council, send representatives and vote (as specified in CLW guidelines). We certify that the information provided in this Letter of Affiliation is true and accurate. In the event of any change in our relationship with the Carolinas Lutheran Women (i.e. disaffiliation), we understand that it is solely our responsibility to contact the Carolinas Lutheran Women's Council in writing.

Signature: _____ Date signed: _____
(Pastor)

Signature: _____ Date signed: _____
(Congregational President/Representative)

Signature: _____ Date signed: _____
(President of Women's Organization)

For Carolinas Lutheran Women's Council Use Only:
Application for Church Affiliation received on _____.
(Month/Day/Year)