

CAROLINAS LUTHERAN WOMEN'S (CLW) REGISTRATION FORM

Saturday, October 3, 2015, at 9:00 a.m.

Holy Trinity Lutheran Church
225 Morgan Street, Troutman, NC 28166

Name: _____

Congregation: _____

Congregation City: _____ State: _____

Yes No **Carolinas Lutheran Women (CLW) Affiliated Congregation**

Please check the box which best fits your congregation.

Lutheran Congregations in Mission for Christ congregation (LCMC)

North American Lutheran Church congregation (NALC)

Dual membership congregation of LCMC and NALC

Other: _____

If you would like to receive information from the Carolinas Lutheran Women, please fill out the following information. For confidentiality purposes the information will not be shared.

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Please return Registration form and fee by mail to LaVaughn Beaver, CLW Treasurer, by September 20.

Enclosed \$7 registration fee (Make checks payable to Carolinas Lutheran Women.)

Mailing Address: LaVaughn Beaver
 1040 Asa Lane
 Salisbury, NC 28146

Revised August 12, 2015