

PSD LWML Heart to Heart Sister Application

Zone Name: _____

H2H Sister Name: _____

Nickname: (if any) _____

Street Address _____

City, State, Zip Code:

Primary Phone Number: (_____) _____ Secondary Phone Number: (_____) _____

Email address: _____

Church Name: _____

Street Address: _____

City, State, Zip Code:

Pastor's name: _____

Pastor's Telephone Number: (_____) _____

Pastor's email: _____

What is your country of Origin? _____

Describe your involvement at church:

Tell us a little about your family:

When and how did you become a Lutheran Christian?

To accommodate all multicultural women who speak many different languages, the Heart to Heart Sisters Training program will be in English. You will also participate in the general district convention which will also be entirely in English. If selected, are you able to participate in the entire Heart to Heart Sisters program and convention in June 2020?

Signature of applicant: _____ Date: _____

Please submit this form electronically to Angelina Jauregui by 11/01/2019. As an attachment on a word document and send to angelina1944@sbcglobal.net