RSO Application

Contact Information		
Corporation name:		
Address (headquarters):		
Phone number:	Fax number:	
Web site:		
President/Executive Director:		
E-mail:	Direct dial:	
About Your Organizat	cion	
Date of incorporation:		
Services provided (check all that apply) Communications/media Congregational services Disaster response/relief	Education (institutional setting) Evangelism Historic preservation	☐ Human service/care ☐ Spiritual care ☐ Other
LCMS district in which you are located	d (see enclosed map):	
Additional operating locations (attach	list if needed):	
Please provide a brief statement explain The Lutheran Church—Missouri Synoo		
List the agency of the Synod with which Board for Black Ministry Services Board for Communication Services Board for District and Congregation Board for Human Care Ministries	Board for MissionBoard for Pastoral	Services Education
Please provide a brief statement explain LCMS agency (attach separate sheet if		the mission and ministry of this
Name	Title	Date

For your convenience, you may access this form online at www.lcms.org?13433

Completed RSO application form and copies of organization's documents should be returned to:

Office of the Secretary • The Lutheran Church—Missouri Synod 1333 S. Kirkwood Road • St. Louis, MO 63122-7295 • (800) 248-1930