

FOR OFFICE USE

CHARTER NO. _____
DATE RECEIVED _____
REPLY _____

2010
NORTH CAROLINA MEN IN MISSION

APPLICATION FOR CHARTER

ENCLOSED IS CHECK FOR \$ _____ FOR 2010 DUES.

THIS REPRESENTS \$.15 PER ACTIVE MEMBER OF YOUR CONGREGATION.

CONGREGATION: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

CONFERENCE: _____

PRESIDENT OF LUTHERAN MEN IN MISSION

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: _____ **e-mail** _____

Please list all of your other officers names, addresses, etc. on the back of this form.

MAKE CHECK PAYABLE TO:

**NORTH CAROLINA LUTHERAN MEN IN MISSION
1988 LUTHERAN SYNOD DRIVE
SALISBURY, NC 28144**

If you do not have a Lutheran Men's Unit, please send us the name of the Vice-Chairman of your congregation.

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

If this is the first year that you have chartered and you are being sponsored by another Lutheran Men's group, what is the name of that sponsoring group.