

APPLICATION  
FOR

NORTH CAROLINA LUTHERAN MEN IN MISSION  
JOHN W. COBB UNIT ACHIEVEMENT CERTIFICATE  
**2010**

**PURPOSE:** To recognize those local **LMM** units of the North Carolina Synod who have achieved an active program of men's ministry based on criteria as outlined in the application form.

**INSTRUCTIONS:** Complete the following application and send one copy to: Executive Director, **NCLMM**, 1988 Lutheran Synod Drive, Salisbury, NC 28144. Applications must be received by **January 24, 2011** for recognition at the State Gathering in February.

**NAME OF CONGREGATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, AND ZIP:** \_\_\_\_\_

**UNIT PRESIDENT/CONTACT:** \_\_\_\_\_

**PASTOR:** \_\_\_\_\_

**MINIMUM CRITERIA FOR RECOGNITION**

- 1 ) Unit charter is current. Yes\_\_\_ No\_\_\_
- 2 ) Men of the congregation have been made aware of the mission of NCLMM and church-wide LMM (Bulletins, letters, meetings, etc.). Yes\_\_\_ No\_\_\_
- 3 ) A special meeting or event inviting young men (35 years or younger) to become actively involved in Lutheran Men in Mission. Yes\_\_\_ No\_\_\_
- 4 ) A special meeting or event that involves the youth of the congregation (Father/son/daughter banquet; LYO: Students, etc.). Yes\_\_\_ No\_\_\_
- 5 ) Provide leadership for Lutheran Men in Mission Sunday during worship service complete with bulletin inserts and All Cause envelopes. Yes\_\_\_ No\_\_\_
- 6 ) Conduct at least 10 "regular" meetings, of which at least three have a Bible study theme. Yes\_\_\_ No\_\_\_

(Over)

7 ) Award at least one Honorary Life or Memorial Life membership with presentation made at worship service or event involving entire congregation. (Please indicate number presented \_ \_ \_ \_ \_.)

Yes\_ \_ \_ No\_ \_ \_

8 ) Local Unit was represented at all "special meetings" as follows:

Conference Meetings Yes\_ \_ \_ No\_ \_ \_

State Convention Yes\_ \_ \_ No\_ \_ \_

9 ) Local Unit made contributions to:

Disaster and Relief (Amount: \_\_\_\_\_) Yes\_ \_ \_ No\_ \_ \_

ELCA LMM (Master Builders) (Amount: \_\_\_\_\_) Yes\_ \_ \_ No\_ \_ \_

Loan and Gift Fund (Amount: \_\_\_\_\_) Yes\_ \_ \_ No\_ \_ \_

Seminary Professorship (Amount: \_\_\_\_\_) Yes\_ \_ \_ No\_ \_ \_

Operation and Promotion (Amount: \_\_\_\_\_) Yes\_ \_ \_ No\_ \_ \_

Carl E. Webb Memorial Devotional Fund  
(Amount: \_\_\_\_\_) Yes\_ \_ \_ No\_ \_ \_

**(NOTE: A MINIMUM CONTRIBUTION OF AT LEAST \$25.00 TO EACH FUND SHOWN ABOVE IS REQUIRED TO QUALIFY FOR THIS AWARD.)**

10 ) Sponsor a special project within the church and/or community which provided opportunity for outreach.

Yes\_ \_ \_ No\_ \_ \_

Provide brief description:

11 ) If applicable, loan payments to Home Mission Foundation are current.

Yes\_ \_ \_ No\_ \_ \_

SIGNATURE OF LOCAL UNIT PRESIDENT/CONTACT: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

SIGNATURE OF PASTOR: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

**(TO EARN THIS AWARD ALL REQUIREMENTS MUST BE MET)**