



North Carolina LuTHERAN Men in Mission

NOMINATION FOR HONORARY/MEMORIAL LIFE MEMBERSHIP

Sponsor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone No.: _____

Nominee is to be: Honored : _____ Memorialized: _____

Name: _____

Address: _____

Church: _____

Wife's Name: _____

Children's Name(s): _____

Grandchildren: _____

Do you desire a representative from NCLMM to make this presentation?

Yes _____ No _____

Date and place for presentation: _____

Military Service (show branch, rank, awards, years of service, etc):

Civic clubs and community activities – if any

(Over)

Church offices held, Committee involvement, Synod delegate, etc.: _____

Lutheran Men in Mission activities on the local, state, and/or national level. (Please be specific in identifying the activity, length of service, etc.) _____

Signed: _____
(Pastor)

Signed: _____
(President of LMM Group)

PLEASE MAIL THIS APPLICATION AND A CHECK FOR \$ 100.00 (MINIMUM) TO:

NORTH CAROLINA LUTHERAN MEN IN MISSION
1988 Lutheran Synod Drive
Salisbury, N. C. 28144