



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)

