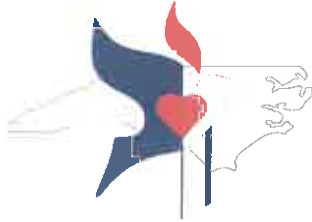


**NORTH CAROLINA  
LUTHERAN MEN IN MISSION**



**2017**

FOR OFFICE USE

CHARTER NO. \_\_\_\_\_  
DATE RECEIVED \_\_\_\_\_  
REPLY \_\_\_\_\_

**NORTH CAROLINA LUTHERAN MEN IN MISSION**

**APPLICATION FOR CHARTER**

**ENCLOSED IS OUR CHECK FOR \$ \_\_\_\_\_ IN SUPPORT OF OUR**  
(\$ 100.00 Minimum requested)

**MINISTRIES FOR 2017.**

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

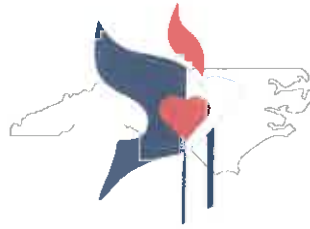
**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

If this is the first year that you have sponsored by another Lutheran Men's sponsoring group?

**NORTH CAROLINA  
LUTHERAN MEN IN MISSION**

chartered and you are being group, what is the name of that

**North Carolina Lutheran  
EXTRA MILER**



**Men in Mission**

**2017**

I want to support the work of NCLMM as we strive to help men continue to grow in Christ, have a better understanding of what is expected of us here on earth, and help to expand His church in North Carolina by supporting the Loan and Gift Fund of NCLMM.

I am willing to go the "Extra Mile" by making a contribution annually to this fund.

Annual Contribution:

\_\_\_\_\_ \$ 100 (minimum)

\_\_\_\_\_ \$ 250

\_\_\_\_\_ \$ 500

\_\_\_\_\_ \$1,000

\_\_\_\_\_ OTHER \$ \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Congregation: \_\_\_\_\_ Conference: \_\_\_\_\_

Please mark your check as "Extra Miler" and mail to:

**NCLMM, 1988 LUTHERAN SYNOD DRIVE, SALISBURY, N. C. 28144**

# 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

(Church offices  
continued)

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, NC 28144

**North Carolina Lutheran Men in Mission**  
**Application For**  
**JOHN W. COBB UNIT ACHIEVEMENT AWARD**  
**2017**

**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 to: **NCLMM** 1988 Lutheran Synod Drive, Salisbury, NC 28144. Applications must be received by **March 31, 2017** for recognition at the State Gathering in May 2017.

**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\_\_\_
- 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 (If Conference is organized) 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 \_\_\_  
National LMM Endowment Fund (Amount: \_\_\_\_\_) Yes \_\_\_ No \_\_\_  
Operation and Promotion (Amount: \_\_\_\_\_) Yes \_\_\_ No \_\_\_  
Carl E. Webb Memorial Devotional Fund (Amount: \_\_\_\_\_) Yes \_\_\_ No \_\_\_  
Walter Yount Retreat Lodge –Camp Agape  
\$ 75,000.00 Challenge (Amount: \_\_\_\_\_) Yes \_\_\_ No \_\_\_

**(NOTE: A MINIMUM CONTRIBUTION OF AT LEAST \$50.00 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)**