



LUTHERAN WOMEN'S MISSIONARY LEAGUE

APPLICATION FOR MEMBERSHIP TO THE  
LUTHERAN WOMEN'S MISSIONARY LEAGUE

We, the \_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

resolve to become affiliated with, and hereby apply for membership in the Lutheran Women's Missionary League, North Wisconsin District, in order to carry out the purposes of the League together with other societies of the Lutheran Church-Missouri Synod.

Our society has \_\_\_\_\_ members.

\_\_\_\_\_  
Secretary of Society

\_\_\_\_\_  
Address

Approval by congregation: \_\_\_\_\_  
Signature of Pastor

\_\_\_\_\_  
Mail to: LWML District President



LUTHERAN WOMEN'S MISSIONARY LEAGUE

INDIVIDUAL MEMBERSHIP APPLICATION TO THE  
LUTHERAN WOMEN'S MISSIONARY LEAGUE

I wish to become an individual member of the Lutheran Women's Missionary League. I fully support the mission statement of the LWML, and I pledge to serve my Lord by supporting mission projects, service programs, and fellowship events sponsored by the LWML.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
email

I am a communicant member of this LCMS congregation:

\_\_\_\_\_  
Congregation

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Mail to: LWML District President

**RETURN BY NOVEMBER 30**

- 1) Fill in the appropriate information below
- 2) Make one copy for your **Society** files
- 3) Make one copy and send to your **Zone President**
- 4) Send this completed form to the North Wisconsin District **Corresponding Secretary**  
(Her address is available in the *Mission Tidings*)

You are encouraged to elect your officers before November 30, but if this is not possible, send this form in by November 30 with your current officers listed and send an updated form after elections.

**Send this form by November 30 to the Corresponding Secretary:**

*(address is found in the Mission Tidings)*

**Today's Date** \_\_\_\_\_

Zone \_\_\_\_\_

Number of members \_\_\_\_\_

Society \_\_\_\_\_

Pastor's name \_\_\_\_\_

Church \_\_\_\_\_

Church phone number \_\_\_\_\_

Church Address \_\_\_\_\_

\_\_\_\_\_

**SOCIETY PRESIDENT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone [\_\_\_\_\_] \_\_\_\_\_

Cell [\_\_\_\_\_] \_\_\_\_\_

Email \_\_\_\_\_

**SOCIETY SECRETARY**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone [\_\_\_\_\_] \_\_\_\_\_

Cell [\_\_\_\_\_] \_\_\_\_\_

Email \_\_\_\_\_

**SOCIETY VICE PRESIDENT/HUMAN CARE**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone [\_\_\_\_\_] \_\_\_\_\_

Cell [\_\_\_\_\_] \_\_\_\_\_

Email \_\_\_\_\_

**SOCIETY TREASURER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone [\_\_\_\_\_] \_\_\_\_\_

Cell [\_\_\_\_\_] \_\_\_\_\_

Email \_\_\_\_\_



# LUTHERAN WOMAN'S QUARTERLY NWD LWML SUBSCRIPTION FORM

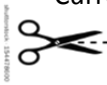
The number of *Quarterly* subscriptions paid for by the District LWML shall equal the number of mite-giving members in each society, plus an additional 25%, if requested, with a maximum of 15 extra copies. We encourage societies, who are able, to pay toward the cost of these subscriptions.

Subscription rates are: **1-9 Individual Subscriptions - \$6.50 per year**

**10 copies or more to one address - \$5.00 per year**

Additional note: Due to additional costs for mailing odd numbers of issues, orders of 7-9 copies will be sent in **COMPLETE AND SEND TO THE DISTRICT CORRESPONDING SECRETARY AND DISTRICT FINANCIAL SECRETARY.** Make a copy for your society files.

Current addresses for District Officers are found in the *Mission Tidings*.



### TO THE DISTRICT CORRESPONDING SECRETARY

Zone \_\_\_\_\_

Society Name \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone Number (\_\_\_\_\_) \_\_\_\_\_

Pastor's name \_\_\_\_\_

### Lutheran Woman's Quarterly Information

Number of subscriptions needed \_\_\_\_\_

PREFERRED PRACTICE:

Send to the church address, ATTN: \_\_\_\_\_

Send to: Name \_\_\_\_\_

Address \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_



### TO THE DISTRICT FINANCIAL SECRETARY

Zone \_\_\_\_\_

Society Name \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone Number (\_\_\_\_\_) \_\_\_\_\_

Pastor's name \_\_\_\_\_

### Lutheran Woman's Quarterly subscription money

Enclosed please find a check made out to: **North Wisconsin LWML**, in the amount of

\$ \_\_\_\_\_ to cover the cost of

\_\_\_\_\_ *LW Quarterly* subscriptions.

We have sent our subscription information to the District Corresponding Secretary.

# MISSION TIDINGS

## NWD LWML SUBSCRIPTION FORM

For printed copies (more than one per society):  
Suggested donation of **\$1.00 per subscription**  
per year (four issues per year)

**COMPLETE AND SEND TO THE DISTRICT  
CIRCULATION MANAGER AND DISTRICT  
FINANCIAL SECRETARY.** Please make a copy for  
your society files.

Current addresses for District Officers are found  
in the *Mission Tidings*.



### TO THE DISTRICT CIRCULATION MANAGER

### Mission Tidings Information

Zone \_\_\_\_\_  
Society Name \_\_\_\_\_  
Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
PO Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Church Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Pastor's name \_\_\_\_\_

To save postage, our society will download the  
*Mission Tidings* from [www.nwdlwml.org](http://www.nwdlwml.org)

We prefer that one copy is mailed to us,  
we will make additional copies as needed.

We prefer to pay \$1.00 per copy per year  
for our *Mission Tidings*.

Please send us \_\_\_\_\_ copies.

Send to: The church ATTN: \_\_\_\_\_

OR: Name \_\_\_\_\_

Address \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_



### TO THE DISTRICT FINANCIAL SECRETARY

one \_\_\_\_\_  
Society Name \_\_\_\_\_  
Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
PO Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Church Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Pastor's name \_\_\_\_\_

Enclosed please find a check made out to:  
**North Wisconsin LWML**, in the amount of  
\$ \_\_\_\_\_ to cover the cost of  
\_\_\_\_\_ *Mission Tidings*.

We have sent our subscription information  
to the District Circulation Secretary.

# MITE REMITTANCE

(Please make copies as needed) Fill in the form clearly.



Society Treasurer:

Please complete this form and include with Mite offering and other contributions sent to the North Wisconsin District LWML Financial Secretary to receive proper credit. In accordance with our bylaws Mite Box™ donations are to be submitted quarterly: January, April, July, and October. Your society may send them monthly is desired. (You may wish to make a copy of this form for your records before sending it.)

**ZONE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Name of Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Society \_\_\_\_\_

Treasurer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone [\_\_\_\_\_] \_\_\_\_\_

Email \_\_\_\_\_

MITE BOX OFFERING \$ \_\_\_\_\_

*Lutheran Woman's QUARTERLY*  
Publication \$ \_\_\_\_\_

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

TOTAL \$ \_\_\_\_\_

1. Make checks payable to: **N WI District LWML**
2. Fill out this remittance form
3. Place check and form in an envelope and mail to:  
**NWI Dist. LWML Financial Secretary**



(Please make copies as needed) Fill in the form clearly.

# MITE REMITTANCE

Society Treasurer:

Please complete this form and include with Mite offering and other contributions sent to the North Wisconsin District LWML Financial Secretary to receive proper credit. In accordance with our bylaws Mite Box™ donations are to be submitted quarterly: January, April, July, and October. Your society may send them monthly is desired. (You may wish to make a copy of this form for your records before sending it.)



**ZONE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Name of Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Society \_\_\_\_\_

Treasurer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone [\_\_\_\_\_] \_\_\_\_\_

Email \_\_\_\_\_

MITE BOX OFFERING \$ \_\_\_\_\_

*Lutheran Woman's QUARTERLY*  
Publication \$ \_\_\_\_\_

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

TOTAL \$ \_\_\_\_\_

4. Make checks payable to: **N WI District LWML**
5. Fill out this remittance form
6. Place check and form in an envelope and mail to: **NWI Dist. LWML Financial Secretary**

## RALLY REMITTANCE

Please **fill out completely and prepare 4 copies:** The original is to be sent with the remittance to:  
*the District Financial Secretary, copies are for the Host Society, the Zone Secretary, and the Zone President.*

**ZONE** \_\_\_\_\_ **RALLY DATE** \_\_\_\_\_

Name of Host Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Host Society \_\_\_\_\_

Host Treasurer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

RALLY OFFERING \$ \_\_\_\_\_

REGISTRATION (after expenses) \$ \_\_\_\_\_

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

TOTAL REMITTANCE \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_

*signature*

Email \_\_\_\_\_

Send to:

*NWI Dist. LWML Financial Secretary*



## RALLY REMITTANCE

Please **fill out completely and prepare 4 copies:** The original is to be sent with the remittance to:  
*the District Financial Secretary, copies are for the Host Society, the Zone Secretary, and the Zone President.*

**ZONE** \_\_\_\_\_ **RALLY DATE** \_\_\_\_\_

Name of Host Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Host Society \_\_\_\_\_

Host Treasurer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

RALLY OFFERING \$ \_\_\_\_\_

REGISTRATION (after expenses) \$ \_\_\_\_\_

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

TOTAL REMITTANCE \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_

*signature*

Email \_\_\_\_\_

Send to:

*NWI Dist. LWML Financial Secretary*

**HEALTH AND EMERGENCY  
INFORMATION – NWD LWML**

Please fill out and return to the Meeting Manager

All information is kept private and will be destroyed after term in office, convention, workshops, trips, and/or retreats.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) [\_\_\_\_\_] \_\_\_\_\_ Cell [\_\_\_\_\_] \_\_\_\_\_

**EMERGENCY INFORMATION**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Telephone [\_\_\_\_\_] \_\_\_\_\_ Telephone [\_\_\_\_\_] \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL INFORMATION**

Insurance/HMO \_\_\_\_\_ Policy # \_\_\_\_\_

Medicare # (if applicable) \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Do you have any health conditions (e.g., allergies, chronic conditions), special circumstances, or medications that should be known about before any emergency treatment?

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_



**Due to the Corresponding Secretary no later than May 1 even numbered year.**  
Information is needed for the convention manual.

**ZONE** \_\_\_\_\_

**PRESIDENT**      Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone [\_\_\_\_\_] \_\_\_\_\_ Cell [\_\_\_\_\_] \_\_\_\_\_  
Email \_\_\_\_\_

**VICE PRESIDENT**      Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone [\_\_\_\_\_] \_\_\_\_\_ Cell [\_\_\_\_\_] \_\_\_\_\_  
Email \_\_\_\_\_

**SECRETARY**      Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone [\_\_\_\_\_] \_\_\_\_\_ Cell [\_\_\_\_\_] \_\_\_\_\_  
Email \_\_\_\_\_

**CHRISTIAN LIFE  
CHAIRMAN**      Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone [\_\_\_\_\_] \_\_\_\_\_ Cell [\_\_\_\_\_] \_\_\_\_\_  
Email \_\_\_\_\_

**ASSISTANT CHRISTIAN  
LIFE CHAIRMAN**      Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone [\_\_\_\_\_] \_\_\_\_\_ Cell [\_\_\_\_\_] \_\_\_\_\_  
Email \_\_\_\_\_

# EXPENSE VOUCHER

Pay to \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

	<b>purpose/Committee</b>	Miles	Rate	TOTAL	
<b>Executive Board / Committee Meeting</b>	Travel		\$ 0.25/ml		
	Lodging				
<b>Grant -</b> Mission Mission Church					
<b>Publications</b>	<i>Mission Tidings</i>				
	<i>L W Quarterly</i>				
<b>Resource Material</b>					
<b>General Office Expense</b>	Postage				
	Supplies				
	other				
<b>Retreats/workshops</b>					
(CIRCLE ONE) YWR FALL LWML CHRISTIAN LIFE	Speaker				
	Food				
	Supplies				
	Other				
<b>Rallies</b>					
<b>Convention</b>	Registration				
(CIRCLE ONE) District LWML	Lodging				
	Travel				
	Meals				
<b>Refund</b>					

Remittance of requested expense is authorized by the action of the executive board or district president.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
District President or authorized agent

**Total Expense \$** \_\_\_\_\_  
**Donation (optional) \$** \_\_\_\_\_  
**Total Due \$** \_\_\_\_\_

**RECEIPT** of Charitable Contribution  
 Amount of Contribution \_\_\_\_\_  
 Thank You  
*North Wisconsin District LWML is a nonprofit organization.  
 No goods or services were received in consideration of this gift.*

**LWML Convention**

A convention for the purpose of conducting the business of the LWML shall be held biennially in the odd-numbered years. District representation shall be as follows:

- A. One (1) certified delegate from each Zone having ten (10) or fewer Units, and one (1) certified delegate for each additional ten (10) Units or major fraction [six (6) or more] thereof as of January 1 preceding the convention;
- B. Each delegate shall have at least two (2) certified alternates to the LWML Convention. In the event the delegate(s) cannot attend, the vacancy shall be filled by the alternate(s) receiving the next highest number of votes;
- C. The names of the delegates and alternates shall be sent to the District LWML President for certification following their election;
- D. No person shall serve as delegate for more than one (1) LWML Convention within a period of seven (7) years;
- E. In the event neither the delegate(s) nor the alternate(s) is able to serve, a member of the same Zone may serve as delegate upon certification in writing by the District LWML President and presentation to the LWML Recording Secretary.

**Send this form immediately following election to the District President:** *(address is found in the Mission Tidings)*

<p>Zone _____</p> <p style="text-align: center;"><b>DELEGATE</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>Phone [_____] _____</p> <p>Cell [_____] _____</p> <p>Email _____</p> <p>Husband's name _____</p>	<p style="text-align: center;"><b>FIRST ALTERNATE</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>Phone [_____] _____</p> <p>Cell [_____] _____</p> <p>Email _____</p> <p>Husband's name _____</p> <p style="text-align: center;"><b>SECOND ALTERNATE</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>Phone [_____] _____</p> <p>Cell [_____] _____</p> <p>Email _____</p> <p>Husband's name _____</p>
--	--

**District Convention Representation**

- A. The voting assembly of the convention shall be:
    - 1. two (2) elected delegates from each Unit;
    - 2. voting members of the Executive Board;
    - 3. Past Presidents of the North Wisconsin LWML District, who are currently members of LWML and reside in the district.
  - B. A member of the voting assembly shall vote in one (1) capacity only. Proxy votes are prohibited.
  - C. Each elected delegate shall have at least two (2) elected alternates;
    - 1. In the event the delegate(s) cannot attend, the vacancy shall be filled by the alternate(s) receiving the next highest number of votes;
    - 2. The names of the elected delegates and alternates shall be in the hands of the District Corresponding Secretary at least six (6) weeks before the convention;
  - D. A majority of the registered voting assembly shall constitute a quorum.
- 

**Send this form before May 1<sup>st</sup> to the Corresponding Secretary:** *(address is found in the Mission Tidings)*

Zone _____	DELEGATE
Society _____	Name _____
Church _____	Address _____
Church Address _____	City _____
_____	State _____ Zip _____
	Phone [____] _____
	Cell [____] _____
	Email _____

---

FIRST ALTERNATE

SECOND ALTERNATE

Name _____	Name _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone [____] _____	Phone [____] _____
Cell [____] _____	Cell [____] _____
Email _____	Email _____



North Wisconsin  
District LWML

Insert date

Dear North Wisconsin District LWML Member,

The North Wisconsin District of the Lutheran Women's Missionary League will hold its District Convention in \_\_\_\_[location and date of Convention]. \_\_\_\_\_. One of the highlights of the convention is the selections of Mission Grants for the next biennium which are funded by our Mite offerings.

This letter is an appeal asking you to submit a Mission Grant proposal for consideration at this convention. Grant proposals may be submitted by an LWML member, society, unit, zone, and/or the LCMS District Board of Directors. Each of you is important in the work of the Lord and your input into our grant proposals is vital for a strong Mission Grant ballot at our convention.

To assist you researching and formulating a resolution, I am including a 'Question and Answer Guide to Submitting a Grant Proposal'.

The LWML is an auxiliary of The Lutheran Church-Missouri Synod. The mission programs and needs, especially those of our North Wisconsin District, should have primary consideration.

**Send eight (8) copies** of the resolution along with **eight (8) copies of the cover page** to the Mission Grants Director by September 1 \_\_\_\_\_. No grant proposals will be considered after that date. Please contact me, the NWD Mission Grants Director, if you have any further questions.

Serving the Lord with Gladness,

[name]  
Mission Grants Director  
North Wisconsin District LWML  
[address and other information]

Name of Mission Grant: \_\_\_\_\_

Amount Requested \_\_\_\_\_

Submitted by: LWML Member \_\_\_\_\_ LWML Society \_\_\_\_\_ LWML Zone \_\_\_\_\_

LWML unit \_\_\_\_\_ Other \_\_\_\_\_

Name of CONTACT PERSON: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Congregation \_\_\_\_\_

Name of PROJECT ADMINISTRATOR: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

FUNDS will be sent to: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

The LWML Mission Grants Committee will submit all grant proposals for endorsement by the LCMS Mission Board in the District where the project will occur. International projects will be submitted to the LCMS Board of Mission Services for endorsement.

Now that I have the information, How do I prepare a proposal?

Your proposal will need these pieces:

1. The Cover page for Mission Grant Proposals
2. The Resolution
3. Photos that are representative of the grant and that can be used in the PowerPoint presentation at convention. Six (6) to eight (8) photos are needed; please **email** photos.

### THE COVER PAGE

The cover page should be detailed and include the information you gathered following the guidelines from the first page. All of the contact information you provide is needed to administer the grant successfully – be very complete!

### THE RESOLUTION

The resolution should be concise and specific, including grant goals, needs, amount of money needed and the purpose for which the funds will be used.

### SAMPLE RESOLUTION

*WHEREAS, in 1 Timothy 2:4, we are told that God our Savior 'wants all men to be saved and come to the knowledge of the truth;' and:'*

*WHEREAS, the Lord has opened the doors at*

\_\_\_\_\_ Lutheran Church,  
\_\_\_\_\_ for the good news of salvation to be preached to the  
Hispanic community; and

*WHEREAS, the members are experiencing some difficulty in attending services, church functions and activities as they live a distance from the church; and their economic status prohibits them from purchasing card; and*

*WHEREAS, the use of a van would greatly encourage attendance among the people in the mission who are spread out in different neighborhoods throughout the county,*

*therefore be it*

*RESOLVED. That the Lutheran Women's Missionary League assembled in convention, \_\_\_\_\_ (date and location of convention \_\_\_\_\_, grant the sum of \_\_\_\_\_ (amount of funds requested) \_\_\_\_\_ to \_\_\_\_\_ Lutheran Church in \_\_\_\_\_ (location) \_\_\_\_\_ to aid in the purchase of a van so many people may have the opportunity to hear the Word of God.*

*Submitted by:*

*Name of Church*

*Name of society and zone*

*Address*

*Name of society president*

For further examples of resolutions, refer to past convention manuals.

## A QUESTION AND ANSWER GUIDE TO SUBMITTING

### A DISTRICT MISSION GRANT PROPOSAL – NORTH WISCONSIN DISTRICT

#### WHO MAY SUBMIT A GRANT PROPOSAL?

Individual LWML members, societies, units, zones, LCMS World Mission and/or a recognized service organization of the LCMS.

#### WHERE CAN I GET IDEAS FOR A MISSION GRANT PROPOSAL?

- Pray for the Lord's guidance.
- Ask your pastor.
- Study the programs in your district, zone, congregation.
- Read District and LCMS publications.
- Learn about special ministries to the underprivileged, aged, handicapped, or rehabilitation programs.
- Contact the NWD-LCMS office for suggestions.
- Search the educational needs in LCMS schools and preschools.
- You can submit grant proposals that have been on ballots of previous conventions but were not adopted.
- Look at past convention manuals for ideas.

#### ONCE I HAVE AN IDEA FOR A MISSION PROPOSAL, WHAT DO I DO?

1. Research the grant proposal by asking these questions:
  - Does it fall within the framework of LWML Mission Grants criteria?
  - Does it fit into the plans and projects of the LCMS and the NWD LCMS?
  - Is it Mission in emphasis – does it extend the ministry of the Word?
  - How does this reach the unchurched for Christ?
  - Is it ready for implementation?
  - Is it well documented?
2. Contact the people involved and ask questions:
  - Are there any other funding sources?
  - If this is a partial funding, who will fund the remainder?

#### NOW WHAT DO I DO?

Send eight (8) copies of the cover page and eight (8) copies of the Resolution to the NWD Mission Grants Director on or before September 1, \_\_\_\_\_. Please email six to eight (6-8) photos to the Mission Grants Director.

Name and address of Mission Grants Director (*see Mission Tidings*)

Phone and e-mail (*see Mission Tidings*)



**WHAT HAPPENS TO MY GRANT PROPOSAL WHEN SHE RECEIVES IT?**

- It is dated and checked to make sure that all the necessary information is included and that the LWML guidelines have been followed.
- After preliminary study by the NWD LWML Mission Grants Committee, proposals are submitted to the appropriate LCMS Mission Board for endorsement.
- After the grant proposal receives the necessary endorsement(s), the NWD LWML Mission Grants Committee will meet to review each grant proposal. A list of grant proposals is selected to be placed on the convention ballot.
- This proposed ballot is submitted to the NWD LWML Board of Directors for approval at its February Board meeting.
- Contact persons for every grant proposal are notified when the grant is placed on the ballot, and again immediately after the convention to indicate if the grant has been selected or denied. Grants will be paid as funds become available.

**IF I STILL HAVE QUESTIONS, WHAT DO I DO?**

- Contact the District Mission Grants Director. Mission grants are an outreach program of LWML.

The first question we as LWML members should ask is: How does this project reach the unchurched for Christ? The fields are ready for harvest. It is our responsibility to, by faith, answer the call and select the grants that we support. What a responsibility God has entrusted to us!

LWML is an auxiliary of The Lutheran Church-Missouri Synod. Its mission programs, especially those of our North Wisconsin District should have primary consideration.

**Remember to support grants with your prayers and mites.**

**Serve the Lord with Gladness!**

**RETURN BY** \_\_\_\_\_

NAME \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Communicant member of: \_\_\_\_\_

\_\_\_\_\_

Current Occupation \_\_\_\_\_

**Consideration for the office of:** \_\_\_\_\_

**EDUCATION:** High School \_\_\_\_\_ Bible Courses \_\_\_\_\_ College \_\_\_\_\_ Degree(s) \_\_\_\_\_

**POSITIONS** held in Lutheran Church

**POSITIONS** held in Non-Church Organizations

Parochial School \_\_\_\_\_

School \_\_\_\_\_

VBS/Sunday School \_\_\_\_\_

Professional \_\_\_\_\_

Bible Class \_\_\_\_\_

Community \_\_\_\_\_

Ladies Groups & LWML \_\_\_\_\_

Other \_\_\_\_\_

Zone & District LWML \_\_\_\_\_

Record of Employment: List position and length of  
tenure on reverse side

Retreat or other special committee  
\_\_\_\_\_

Other \_\_\_\_\_

Special Qualifications: (Evangelism, etc.) \_\_\_\_\_

[Additional information may be listed on the back of this form]

**CONSENT TO BE SIGNED BY NOMINEE:**

I have studied the bylaws of the office to which I have been proposed and am willing to serve accordingly, if elected.

Society submitting \_\_\_\_\_

**Please include photo of nominee**

President \_\_\_\_\_

Address \_\_\_\_\_

Zone \_\_\_\_\_

Signature of Nominee

Return by \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

*Ministry*

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

Education

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

Positions held in Zone and District:

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

Please respond to the following question:

"What is the role of the Lutheran Women's Missionary League?"

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

I have studied the bylaws of the office to which I have been proposed and am willing to serve accordingly, if elected.

Signature of nominee: \_\_\_\_\_

Submitted by: (please circle one) Individual \_\_\_\_\_ Society \_\_\_\_\_ Zone \_\_\_\_\_

Name of Society or Zone \_\_\_\_\_

Name of President of same, or of Individual \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Zone # \_\_\_\_\_

Please include a photo of nominee



[Make copies before using the worksheet]

ZONE \_\_\_\_\_

**PUBLICITY**

- The letter of invitation is to be prepared by the hosting societies on church letterhead, if possible, and sent six weeks in advance of the rally.
- Mailing list should include: (Contact the Zone President for addresses)
  - All affiliated Societies in the zone
  - All unaffiliated Ladies Groups in the zone
  - All pastors & wives in the zone
- Special Invitations, Guest credentials (pass) and clear directions to:
  - LWML District President / representative \_\_\_\_\_
  - Rally speaker & spouse \_\_\_\_\_
  - LWML District Counselors \_\_\_\_\_
  - \_\_\_\_\_
  - LWML District Christian Life Chairman \_\_\_\_\_

**INVITATION GUIDELINES** *(printed in District handbook, Zone/Rally Guidelines)*

Information to be included:

- **Spring / Fall** Rally of **Zone** \_\_\_\_\_ of the North Wisconsin District Lutheran Women’s Missionary League
- **Hosting church(es)** \_\_\_\_\_
- **Directions** (include a map) \_\_\_\_\_
- **Date** \_\_\_\_\_
- **Registration Time** \_\_\_\_\_ **Start Time** \_\_\_\_\_
- **Coffee am/pm** \_\_\_\_\_ **Registration Fee** \_\_\_\_\_
- **Christian Life Topic** \_\_\_\_\_
- **Speaker** \_\_\_\_\_ **Topic** \_\_\_\_\_
 

If you have someone locally you would like to invite or someone not on the speaker list, please contact your Zone President for approval.
- **Gifts of the Heart collection** \_\_\_\_\_
- **Is babysitting available?** \_\_\_\_\_

**FOLDERS**

\*Contact Thrivent Financial or Lutheran Church Extension Fund local office for folders, notepads, pencils, etc six weeks in advance of the rally.

Stuff two (2) weeks in advance of Rally with the following:

- Rally programs prepared by hosting societies (approved by the zone president)
- Christian Life material
- Speaker handouts
- Tracts/brochures approved by host pastor (if desired)
- Advertising freebies from area (if desired)

**RALLY**

Organist/Pianist \_\_\_\_\_

Provide music 10 minutes before sessions, during offering, devotions, and as outlined in the rally program.

Special Music \_\_\_\_\_

Visual Aids/Microphone system \_\_\_\_\_

Altar Flowers \_\_\_\_\_

Restrooms: Make signs and give directions for women and pastors. *You may want to make all but one restroom for ladies use that day.*

Ushers: \_\_\_\_\_

Agenda for rally (names of presenters) *Rally agenda is determined/set by the zone president.*

Opening devotion \_\_\_\_\_ *Host Pastor*

Closing devotion \_\_\_\_\_ *Host Pastor*

LWML Mission Grants Offering Prayer \_\_\_\_\_

Gifts of the Heart Prayer \_\_\_\_\_

Table Prayer \_\_\_\_\_

Mission Grant Update (Zone Vice President) \_\_\_\_\_

Welcome (Host Society President) \_\_\_\_\_

Response (Zone Vice President) \_\_\_\_\_

District Report (District President/Representative) \_\_\_\_\_

Invitation to next Rally \_\_\_\_\_

Gifts of the Heart Report \_\_\_\_\_

Rally Offering for Mites \_\_\_\_\_

Business Meeting

**Registration** (two or more ladies should attend a table at the entrance to register guests.

One or more ladies could serve as greeters.)

- ✓ A separate registration sheet for each society, the pastors, and guests is needed.
- ✓ Have change available for registration fees

- ✓ **Special guests do not pay registration fee.**
- ✓ Nametags and folders are distributed at this time
- ✓ Place boxes for Stamps for Missions and / or Gift of the Heart in a convenient place. (Zone president takes the stamps to the next District Board meeting.)

REGISTRATION COMMITTEE \_\_\_\_\_

Chairman of Registration \_\_\_\_\_

The chairman is asked to give a report during the Rally. (See attached)

Greeter(s) \_\_\_\_\_

**HOST SOCIETY TREASURER**

- Give a check to the speaker the day of the rally (\$0.35/mile plus [suggested] honorarium of \$35.00)
- Make check payable to **North Wisconsin District LWML** for the amount of the Rally offering.  
Plus the amount of registration (minus expenses and speaker fee, if desired)  
Send check to the **LWML District Financial Secretary** with Rally Remittance Form.
- Send a copy of the Rally remittance form to the Zone president and Zone secretary.

**FOOD**

AM/PM COFFEE \_\_\_\_\_

LUNCHEON: Encourage simplicity in the meal so members of the host church will be able to participate in the Rally. The registration money is used to pay the speaker and help the host society with food costs (items that cannot be donated). Donate as much as your society feels they are capable of donating. All remaining registration money is sent to the North Wisconsin District Financial Secretary.

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

**TABLE DECORATIONS AND FAVORS:** These can be related to the speaker topic, Christian Life topic, LWML related, flowers, or the like. **Keep it simple.**

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

**POST – RALLY PUBLICITY** \_\_\_\_\_

**CHURCH/SOCIETY\_\_ NUMBER ATTENDING    CHURCH/SOCIETY\_\_ NUMBER ATTENDING**


Pastors in attendance \_\_\_\_\_ Guests in attendance \_\_\_\_\_

Grand Total \_\_\_\_\_

Amount of Registration Money collected \_\_\_\_\_

Amount of Mission Grant Offering \_\_\_\_\_

Date of Rally \_\_\_\_\_

- The registration chairman will be asked to give this report during the rally.
- You may wish to include space in the program or a sheet in the folder so the ladies can record these totals.
- Please give a copy of the Guest registration to the Zone President before the rally begins and make her aware of any late arriving guests.



