



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**
Georgette S. Vandenburg, 1653 W County Road J, Mercer, WI 54547

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:

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**, Georgette S. Vandenburg, 1653 W County Road J, Mercer, WI 54547, **AND DISTRICT FINANCIAL SECRETARY**, Pam Pfankuch, 16263 20th Ave, Chippewa Falls, WI 54729-5692. Make a copy for your society files.



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: **NWI District - 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** Teresa Pockat, 112 E. Freeborn St., Cecil, WI 54111 and **DISTRICT FINANCIAL SECRETARY** Pam Pfankuch, 16263 20th Ave, Chippewa Falls, WI 54729. Make a copy for your society. Make check out to NWI District – LWML.



TO THE DISTRICT CIRCULATION MANAGER

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

Mission Tidings Information

To save postage, our society will download the *Mission Tidings* from 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

Zone _____
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: **NWI District - LWML**, in the amount of \$_____ to cover the cost of _____ *Mission Tidings*.

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

SOCIETY MITE REMITTANCE

Please make copies as needed and fill in the form clearly.

Society Treasurer: Please complete this form and include it with the Mite offerings and other contributions. Please submit mite box offerings at least quarterly (January, April, July and October); more often if desired.



ZONE _____ **DATE** _____

Name of Church _____

City _____ State _____

Society _____

Treasurer _____

Address _____

City _____ State _____ Zip _____

Phone [_____] _____

Email _____

MITE BOX OFFERING	\$ _____
<i>QUARTLY subscriptions</i>	\$ _____
OTHER _____	\$ _____
TOTAL	\$ _____

1. Make checks payable to: **NWI District - LWML**
2. Mail this form and check to:
NWI Dist. LWML Financial Secretary
Pam Pfankuch
16263 20th Ave
Chippewa Falls, WI 54729-5692
[*ppfankuch53@gmail.com*](mailto:ppfankuch53@gmail.com)

SOCIETY MITE REMITTANCE

Please make copies as needed and fill in the form clearly.

Society Treasurer: Please complete this form and include it with the Mite offerings and other contributions. Please submit mite box offerings at least quarterly (January, April, July and October); more often if desired.



ZONE _____ **DATE** _____

Name of Church _____

City _____ State _____

Society _____

Treasurer _____

Address _____

City _____ State _____ Zip _____

Phone [_____] _____

Email _____

MITE BOX OFFERING	\$ _____
<i>QUARTLY subscriptions</i>	\$ _____
OTHER _____	\$ _____
TOTAL	\$ _____

1. Make checks payable to: **NWI District - LWML**
2. Mail this form and check to:
NWI Dist. LWML Financial Secretary
Pam Pfankuch
16263 20th Ave
Chippewa Falls, WI 54729-5692
[*ppfankuch53@gmail.com*](mailto:ppfankuch53@gmail.com)

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. Make check out to NWI District - LWML.

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

Pam Pfankuch

16263 20th Ave

Chippewa Falls, WI 54729-5692

ppfankuch53@gmail.com



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. Make check out to NWI District - LWML.

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

Pam Pfankuch

16263 20th Ave

Chippewa Falls, WI 54729-5692

ppfankuch53@gmail.com

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 Georgette S. Vandenburg, 1653 W County Road J, Mercer, WI 54547, **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 _____

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

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:

Mary Harrington, 115 Bayview Dr., Shell Lake. WI 54871

Zone _____
DELEGATE
Name _____
Address _____
City _____
State _____ Zip _____
Phone [_____] _____
Cell [_____] _____
Email _____
Husband's name _____

FIRST ALTERNATE
Name _____
Address _____
City _____
State _____ Zip _____
Phone [_____] _____
Cell [_____] _____
Email _____
Husband's name _____

SECOND ALTERNATE
Name _____
Address _____
City _____
State _____ Zip _____
Phone [_____] _____
Cell [_____] _____
Email _____
Husband's name _____

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 1st to the Corresponding Secretary: Georgette S. Vandenburg, 1653 W County Road J, Mercer, WI 54547.

Zone _____
Society _____
Church _____
Church Address _____

DELEGATE

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

FIRST ALTERNATE

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

SECOND ALTERNATE

Name _____
Address _____
City _____
State _____ Zip _____
Phone [_____] _____
Cell [_____] _____
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,

Linda Koeller
107 Oakridge Ct.,
Combine Locks, WI 54113

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.

RECORD OF MUSIC USED

Copyright Research Form

Keep track of the music used.

Song Title	Author(s)	Copyright Information	CCLI Use Only	A Single	B Proj	C Print	D Arr	E Rec