



# RECOGNIZED SERVICE ORGANIZATIONS APPLICATION

## CONTACT INFORMATION

Corporation name \_\_\_\_\_

Address (headquarters) \_\_\_\_\_

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

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Website \_\_\_\_\_

President/Executive Director \_\_\_\_\_

Email \_\_\_\_\_ Direct dial \_\_\_\_\_

## ABOUT YOUR ORGANIZATION

Date of incorporation \_\_\_\_\_ Number of staff \_\_\_\_\_

Services provided ☐ Witness ☐ Education ☐ Mercy (Check one)

LCMS district in which you are located (see enclosed map): \_\_\_\_\_

Additional operating locations (attach list if needed):

Please provide a brief statement explaining why your organization desires to become an RSO of The Lutheran Church—Missouri Synod (attach separate sheet if needed):

Select the agencies of the Synod with which you wish to relate. (All RSOs sit under the Office of National Mission. If you perform international work, also check box for International Mission):

☐ Office of National Mission ☐ Office of International Mission

Please provide a brief statement explaining how your organization relates to the mission and ministry of the LCMS (attach separate sheet if needed):

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR YOUR CONVENIENCE, YOU MAY ACCESS THIS FORM ONLINE AT [WWW.LCMS.ORG/RSO](http://WWW.LCMS.ORG/RSO).

Completed RSO Application Form and other copies of required documents should be returned to:

Office of the Secretary • The Lutheran Church—Missouri Synod  
1333 S. Kirkwood Road • St. Louis, MO 63122-7295 • 800-248-1930