RSO Application

Contact Information

Corporation name: ________________________________________________________________
Address (headquarters): ____________________________________________________________
___________________________________________________________________________________
Phone number: ______________________ Fax number: ________________________________
Website: ______________________________
President/Executive Director: ______________________________________________________
Email: _______________________________ Direct dial: ________________________________

About Your Organization

Date of incorporation: ____________________       Number of staff: ____________________

Services provided (check all that apply):

☐ Camp/outdoor ministry  ☐ Education (institutional setting)  ☐ Human service/care
☐ Communications/media  ☐ Evangelism  ☐ Spiritual care
☐ Congregational services  ☐ Historic preservation  ☐ Other
☐ Disaster response/relief

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): ______________________________
___________________________________________________________________________________
___________________________________________________________________________________

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

Name ___________________________     Title ___________________________     Date ________________

For your convenience, you may access this form online at www.lcms.org/RSO.

Mail completed RSO Application Form and other required documents to:
Office of the Secretary • The Lutheran Church—Missouri Synod
1333 S. Kirkwood Road • St. Louis, MO 63122-7295 • 800-248-1930

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