# RSO Application

New Application: _____ Renewal Application for RSO Status: _____
*(Check one)*

## 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
- ❑ Communications/media
- ❑ Congregational services
- ❑ Disaster response/relief
- ❑ Education (institutional setting)
- ❑ Evangelism
- ❑ Historic preservation
- ❑ Human service/care
- ❑ Spiritual care
- ❑ Other

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