The Lutheran Church—Missouri Synod is divided into districts that carry out the Synod’s objectives and implement its activities. Each district’s president is charged with the ecclesiastical supervision of the congregations and church workers of his district and general oversight of all activity within the district. Thus, when a service organization applies for recognized service organization (RSO) status, the president of the geographical district in which the organization is located is given the opportunity to offer input regarding the determination of RSO status, because the organization in question may affect the mission and ministry of the district and its congregations and church workers.

All organizations applying for RSO status are required to meet to discuss their work with the appropriate district president, who is asked to provide the information below and return this form to the Office of the Secretary of The Lutheran Church—Missouri Synod at his earliest convenience.

**RSO Applicant**

(Please type your responses; do not handwrite. For your convenience, you may access this form online at www.lcms.org/RSO.)

Corporation name: ____________________________________________

Address: _______________________________________________________

**Meeting Summary**

Meeting date: ____________________________

Location of meeting: ______________________________

Attendees: ________________________________________________

**District President Statement**

☐ Are you satisfied that this organization, while independent of the Synod, will foster the mission and ministry of the church, engage in program activity that is in harmony with the programs of the Synod, and respect and not act contrary to the doctrine and practice of the Synod?

☐ YES  ☐ NO  (Check one)

If “No,” please provide explanation, request further information, or offer recommendations for actions or changes needed:

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

☐ Are you willing to advocate in support of and welcome the RSO status of this organization?

☐ YES  ☐ NO  (Check one)

If “No,” please provide explanation:

___________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Signed: ________________________________  Date: ____________

(District President)