

## Application for WELS-affiliated organizations for listing in the Yearbook of the Wisconsin Evangelical Lutheran Synod

Name of Organization:		Date organized:	
Address:			
City:	State:	Zip Code:	
Telephone:	Web site:	E-Mail Address:	
If your organization	has more than one location, please indic	cate on the reverse side or on a separate page and check here:	
Overseeing board or calling body (list on the Name of		hairman, president, or leader first)  Congregation	
1.		Congregation	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
10.			
List the name, pho	one number, and e-mail address of the	person to contact:	
☐ Ministry to ☐ Personal of ☐ WELS min ☐ Profession ☐ Media min ☐ Outreach of ☐ Education ☐ Foundation ☐ Congregat	or mission organization al or school-related organization	/physically handicapped)	

Explain why you would like to be listed in the synod Yearbook:				
In 100 words	s or less, describe the purpose, nature, and mission of the organization:			
☐ The ☐ The ☐ The ☐ cons ☐ The ☐ The ☐ The ☐ head ☐ The	organization clearly identifies itself as a WELS-affiliated organization in print and ot organization's director, governing board members, and public spokespersons are norganization extends divine calls.  organization has a written constitution and bylaws or similar governing document a stitution committee organization has a clear statement of mission and purpose.  organization recognizes that it is under the doctrinal supervision of the district presiduartered.  organization is responsible for its own financial and legal affairs.  organization makes available its financial statements upon request.  e affiliated with WELS, the organization does not represent itself as an agent or spoorganization is a means of grace ministry.  organization is primarily a funding mechanism for other entities or efforts.  organization is independently incorporated as a 501(c)3 organization.  organization utilizes the synod's 501(c)3 exemption.	nembers of WELS or ELS.  pproved by the appropriate district dent of the district in which it is		
Print name of	person who completed this form:			
Signature of p	person who completed this form:	Date:		

Complete this form and return to WELS Communication Services, N16W23377 Stone Ridge Drive, Waukesha, WI 53188. Include a copy of the organization's constitution and bylaws or other governing documents.

You may also e-mail your materials to lee.hitter@wels.net.