

**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 indicate on the reverse side or on a separate page and check here:\_\_\_\_\_ | | | |

**Overseeing board or calling body (list chairman, president, or leader first**)

|  |  |
| --- | --- |
| **Name** | **Congregation** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

**List the name, phone number, and e-mail address of the person to contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Type of Organization (check the one that most closely describes the organization)**

* Ministry to specific groups (youth, seniors, mentally/physically handicapped)
* Personal counseling, institutional, or social services ministry
* WELS ministry support
* Professional or service organization
* Media ministry
* Outreach or mission organization
* Educational or school-related organization
* Foundation or trust
* Congregation or ministry consulting services
* Camp or other facility

**Explain why you would like to be listed in the synod Yearbook:**

**In 100 words or less, describe the purpose, nature, and mission of the organization:**

**Check all that apply: (not all boxes are needed to be checked to meet the criteria)**

* The organization clearly identifies itself as a WELS-affiliated organization in print and other public media.
* The organization’s director, governing board members, and public spokespersons are members of WELS or ELS.
* The organization extends divine calls.
* The organization has a written constitution and bylaws or similar governing document approved by the appropriate district constitution committee
* The organization has a clear statement of mission and purpose.
* The organization recognizes that it is under the doctrinal supervision of the district president of the district in which it is headquartered.
* The organization is responsible for its own financial and legal affairs.
* The organization makes available its financial statements upon request.
* While affiliated with WELS, the organization does not represent itself as an agent or spokesman for the synod.
* The organization is a means of grace ministry.
* The organization is primarily a funding mechanism for other entities or efforts.
* The organization is a not-for-profit ministry under IRS guidelines.
* The organization is independently incorporated as a 501(c)3 organization.
* The organization utilizes the synod’s 501(c)3 exemption.

Print name of person who completed this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of 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.