

APPLICATION
FOR

NORTH CAROLINA LUTHERAN MEN IN MISSION
JOHN W. COBB UNIT ACHIEVEMENT CERTIFICATE
2011

PURPOSE: To recognize those local **LMM** units of the North Carolina Synod who have achieved an active program of men's ministry based on criteria as outlined in the application form.

INSTRUCTIONS: Complete the following application and send one copy to: Executive Director, **NCLMM**, 1988 Lutheran Synod Drive, Salisbury, NC 28144. Applications must be received by **January 24, 2012** for recognition at the State Gathering in February.

NAME OF CONGREGATION: _____

ADDRESS: _____

CITY, AND ZIP: _____

UNIT PRESIDENT/CONTACT: _____

PASTOR: _____

MINIMUM CRITERIA FOR RECOGNITION

- 1) Unit charter is current. Yes___ No___
- 2) Men of the congregation have been made aware of the mission of NCLMM and church-wide LMM (Bulletins, letters, meetings, etc.). Yes___ No___
- 3) A special meeting or event inviting young men (35 years or younger) to become actively involved in Lutheran Men in Mission. Yes___ No___
- 4) A special meeting or event that involves the youth of the congregation (Father/son/daughter banquet; LYO: Students, etc.). Yes___ No___
- 5) Provide leadership for Lutheran Men in Mission Sunday during worship service complete with bulletin inserts and All Cause envelopes. Yes___ No___
- 6) Conduct at least 10 "regular" meetings, of which at least three have a Bible study theme. Yes___ No___

(Over)

7) Award at least one Honorary Life or Memorial Life membership with presentation made at worship service or event involving entire congregation. (Please indicate number presented _ _ _ _ _.)

Yes_ _ _ No_ _ _

8) Local Unit was represented at all "special meetings" as follows:

Conference Meetings Yes_ _ _ No_ _ _

State Convention Yes_ _ _ No_ _ _

9) Local Unit made contributions to:

Disaster and Relief (Amount: _____) Yes_ _ _ No_ _ _

ELCA LMM (Master Builders) (Amount: _____) Yes_ _ _ No_ _ _

Loan and Gift Fund (Amount: _____) Yes_ _ _ No_ _ _

Seminary Professorship (Amount: _____) Yes_ _ _ No_ _ _

Operation and Promotion (Amount: _____) Yes_ _ _ No_ _ _

Carl E. Webb Memorial Devotional Fund
(Amount: _____) Yes_ _ _ No_ _ _

(NOTE: A MINIMUM CONTRIBUTION OF AT LEAST \$25.00 TO EACH FUND SHOWN ABOVE IS REQUIRED TO QUALIFY FOR THIS AWARD.)

10) Sponsor a special project within the church and/or community which provided opportunity for outreach.

Yes_ _ _ No_ _ _

Provide brief description:

11) If applicable, loan payments to Home Mission Foundation are current.

Yes_ _ _ No_ _ _

SIGNATURE OF LOCAL UNIT PRESIDENT/CONTACT: _____

DATE SUBMITTED: _____

SIGNATURE OF PASTOR: _____

DATE SUBMITTED: _____

(TO EARN THIS AWARD ALL REQUIREMENTS MUST BE MET)