

7.7.10 RESIGNATION FROM THE ROSTER OF THE LCMS

_____ Ordained Minister

_____ Commissioned Minister

Name of Resignee: _____

I hereby resign from the official roster of The Lutheran Church—Missouri Synod for the following reasons:

I understand this resignation becomes effective immediately, and that I forfeit my right as an individual member of The Lutheran Church—Missouri Synod. I have been informed of the process for reinstatement into membership as follows:

2.18 Reinstatement of Individuals into Membership

2.18.1 Any person who at any time has held membership in the Synod but has resigned that membership, or whose membership in the Synod has been terminated, is eligible to seek reinstatement into membership. However, there is no inherent right to membership in the Synod, and the decision as to whether to accept or deny a request for reinstatement shall be at the sole discretion of the Council of Presidents.

Applications

2.18.2 Procedures for investigating and processing requests for reinstatement shall be the responsibility of the Council of Presidents.

(a) All applications by individuals for reinstatement into membership in the Synod shall be addressed to the president of the district in which the applicant last held membership.

(b) The president of the district shall review the matter and shall ordinarily make a recommendation to the Council of Presidents but may be excused by the council from making such a recommendation where circumstances warrant.

(c) A decision to reinstate shall require an affirmative vote of at least 75 percent of the Council of Presidents present and voting, and shall be by written ballot.

(d) If the applicant is reinstated, the district president shall publish this fact in an official periodical of the Synod.

(e) A decision not to reinstate shall be unappealable, but the individual may reapply for reinstatement three or more years after his or her last preceding application has been denied.

Date _____

Signature _____

Street Address _____

City/State/Zip _____

Home phone _____ Cell phone _____

District President Signature _____

District _____

Date _____