

Domestic Mission Unit
Synodically Authorized Worshipping Community
Synod Council Authorization

This authorization shall be reviewed annually by Synod Council action.

Upon the recommendation of the

_____, (Outreach Table/Exec Committee)

the _____ Synod Council at its
(name of synod)

meeting on _____ officially designates
(date of meeting)

(name of SAWC – cannot contain word “church”)

As a Synodically Authorized Worshipping Community of the

_____ Synod, ELCA and designates

_____ as their servant leader(s).

Synod Council Vice President _____ Date _____

DEM _____ Date _____

Synod Bishop _____ Date _____

Attach a copy of the Synod Council Minutes containing the motion to this form. The original form shall reside in the Synod Office and a copy shall be sent to Terri Novak, DM-ELCA, 8765 W. Higgins Road, Chicago, IL 60631