

This box for use of CDC membership Committee Only:

	Date Application Received
	Date application forwarded to Membership Committee Members
	Date of decision and recommendation by Membership Committee to Executive Committee
	Date and action taken by CDC Executive Committee
	Ex. Com. Decision communicated to applicant

Concordia Deaconess Conference Readmission Application Form

Name _____ Date of Birth ____ / ____ / ____
 Last First Middle
 Street Address _____
 City _____ State _____ Zip _____

Home Phone	
Office Phone	
Cell Phone	
E-mail	

Where do you hold church membership?

Where and on what date did your deaconess commissioning take place?

Are you currently listed on the LCMS church-worker roster? Yes No
 If yes, please indicate your current status: Active Candidate Non-Candidate Emeritus

If you are currently serving as a deaconess

Church or Agency presently serving: _____

City _____ State _____ Date Service Began _____

Please list personal skills and areas of diaconal service in which you are particularly interested.

I, the undersigned, have read the Concordia Deaconess Conference Constitution and the *Code of Ethics*, and I am in full agreement with them. I am a member of the Lutheran Church - Missouri Synod and belong to no other deaconess conference or association.

Signature _____ Date _____

Please return application to: Deaconess Linda Cosgrove, 1221 SW Hillsdale Street, Topeka, KS 66604