## Advisory Delegates (B) 52<sup>nd</sup> Convention of the NWD LCMS June 3 & 4, 2018

(Copy this form to meet your needs.)

your Light  we we light  PAMM 35-9

Ul	Congregation		
	Cong. Name		
	Congregation #		
	Street Address		City
Advisory Delegate	<u>e</u> (Please identify each indi	ividual as one of the follow	ing):
<del></del>	Comm. Teacher DCE	Interim Pastor DCO	Other:
Name Address	Last First	, <u>MI</u>	Prefix:
Advisory Delegate	<u>e</u> (Please identify each indi	ividual as one of the follow	ing):
	Comm. Teacher DCE	Interim Pastor DCO	Other:
Name	Last First	, <u>MI</u>	Prefix:
Address			
Home Phone		Email	
Advisory Delegat	<b>e</b> (Please identify each indi	ividual as one of the follow	ing):
Pastor Deaconess	Comm. Teacher DCE	Interim Pastor DCO	Other:
Name			Prefix:
	Last First	MI	
Home Phone		Email	
Both signatures a	are required to validate De	elegates. Date:	
(Congre	egational Chairman/President)	(Congregational Recor	ding Secretary)