

Advisory Delegates (B)
52nd Convention of the NWD LCMS
June 3 & 4, 2018



(Copy this form to meet your needs.)

Congregation

Cong. Name _____

Congregation # _____

Street Address _____ City _____

Advisory Delegate (Please identify each individual as one of the following):

____ Pastor ____ Comm. Teacher ____ Interim Pastor
____ Deaconess ____ DCE ____ DCO Other: _____

Name _____, _____, _____ Prefix: _____
Last First MI

Address _____

Home Phone _____ - _____ - _____ Email _____

Advisory Delegate (Please identify each individual as one of the following):

____ Pastor ____ Comm. Teacher ____ Interim Pastor
____ Deaconess ____ DCE ____ DCO Other: _____

Name _____, _____, _____ Prefix: _____
Last First MI

Address _____

Home Phone _____ - _____ - _____ Email _____

Advisory Delegate (Please identify each individual as one of the following):

____ Pastor ____ Comm. Teacher ____ Interim Pastor
____ Deaconess ____ DCE ____ DCO Other: _____

Name _____, _____, _____ Prefix: _____
Last First MI

Address _____

Home Phone _____ - _____ - _____ Email _____

Both signatures are required to validate Delegates.

Date: _____

(Congregational Chairman/President)

(Congregational Recording Secretary)