



ELEVENTH EPISCOPAL DISTRICT

ELECTORAL COLLEGE DELEGATE VOTING CREDENTIALS FORM

(Please present a copy to the Electoral College Credentials Committee; make a copy for your Records)

This is to certify that _____
Print Name

Is a Member in Good and Regular Standing in the

African Methodist Episcopal Church

City/State

And was duly elected by the said congregation to the Lay Electoral College on

Date of Local Church Election

To serve as (Choose One)

_____ Adult Lay Delegate.

_____ Young Adult Lay Delegate.

ATTESTED

Pastor's Signature

Date Signed

Delegate's Signature

Church Clerk or Secretary of Election

Date Signed

Electoral College Credentials Committee

DELEGATE CONTACT DETAILS

Address

Apartment Number

Email Address

City/State/Zip

Telephone

Cell Phone