

2018 DISTRICT CONVENTION VOTING DELEGATE REGISTRATION

NOTES: This form is no longer filed with the LCMS Office of the Secretary but is provided for district use. It serves as the required "proper credentials" if provided by the district secretary and signed by two of the congregation's officers.

For office use only:	
Org. ID:	
Ind. ID:	

The form may either be mailed to the district office by a date determined by the district or presented to the district secretary at the opening of the convention (Bylaw 4.2.2[a]).

The voting delegates in attendance at district conventions will no longer necessarily also serve as their congregation's voters in the electronic election of the Synod president four weeks prior to the 66th Regular Convention of The Lutheran Church—Missouri Synod in

	the LCMS Office of the Secretary at a later time, using materials and
INSTRUCTIONS	
DELEGATE NAME:	DISTRICT:
First Name Middle Init.	Last Name
DELEGATE TYPE: Please mark with an "X"	DELEGATE REPRESENTS: Please mark with an "X"
Pastoral delegate Lay delegate	Single congregation Multi-congregations
DELEGATE'S CONTACT INFORMATION: Phone () Email:
Mailing Address:	Physical Address: (FEDEX/UPS packages)
Street/P.O. Box	Street
CityStateZip	StateZip
DELEGATE REPRESENTS THE FOLLOWING CONGREGA	ATION(S): (Please list additional congregations on the back of this form.)
Congregation Name:	Congregation Name:
Street:	Street:
City: State:	City:State:
CONGREGATION CERTIFICATION OF DELEGATE: (Req	uires two congregation officers' signatures.)
Congregation officer signature:	Date:
Congregation officer signature:	Date:
CERTIFICATION OF ATTENDANCE: (for district use only)	Date:
District convention registration review	District secretary signature: