THE LUTHERAN CHURCH Missouri Synod

2021 DISTRICT CONVENTION VOTING DELEGATE REGISTRATION

For office use only:

Org. ID: _____

Ind. ID: _____

*Every **member** congregation or multi-congregation parish (each group of congregations regularly cared for / served by a pastor or pastors) of the district is entitled, **using this form**, to register two voting delegates, one its installed pastor (or one of them) and the other a lay delegate elected and deputed by the congregation or parish (Const. Art. XII 10 a; Bylaw 2.5.5). This form may either be submitted 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]). A congregation wishing to designate an **alternate** may do so using an additional copy of this form so marked below. A congregation that is part of a multi-congregation parish, other than the congregation supplying the voting lay delegate, may elect and depute an advisory lay delegate **using the separate DISTRICT CONVENTION ADVISORY DELEGATE REGISTRATION FORM**.*

DISTRICT INSTRUCTIONS

1. Complete this form in its entirety on your computer using a PDF reader.
2. Print the completed form.
3. The form must then be signed by 2 congregational or parish officers.
4. Submit the completed, printed, and signed form to the District Secretary at the Convention Registration Table.

DELEGATE NAME: _____ _____ _____ **DISTRICT:** _____

First Name Middle Init. Last Name

DELEGATE TYPE: *Please mark with an "X"*

☐ Pastoral ☐ Lay

DELEGATE REPRESENTS: *Please mark with an "X"*

☐ Single congregation ☐ Multi-congregation parish

☐ **ALTERNATE**, to represent the congregation/parish as voting delegate **only if** corresponding delegate is unable to attend

DELEGATE'S CONTACT INFORMATION: Phone (____)_____ Email: _____

Mailing Address:

Street/P.O. Box _____

City_____ State_____ Zip_____

Physical Address: *(FEDEX/UPS packages)*

Street _____

City_____State_____ Zip_____

DELEGATE REPRESENTS THE FOLLOWING CONGREGATION(S): *(Please list additional congregations on the back of this form.)*

Congregation Name:_____

Street: _____

City: _____ State: _____

Congregation Name:_____

Street:_____

City:_____State:_____

CONGREGATION CERTIFICATION OF DELEGATE: ***(Requires 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:** _____