

Advisory Delegates (B)

59th Convention of the NID – LCMS, March 9 and 10, 2018

PLEASE PRINT or TYPE all information for the sake of accuracy.

Note: In selecting delegates and nominating for office, please be aware that district uses email and website in communicating with leaders: www.nidlcms.org/convention

Congregation (Copy this form to meet your needs.)

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

Street Address _____ City _____

Zip Code _____ 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

Street Address _____ City _____

Zip Code _____ 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

Street Address _____ City _____

Zip Code _____ Home Phone ____-____-____ Email _____

To Credential Delegates both signatures are required. Date: _____

(Congregation Chairman/President)

(Congregation Recording Secretary)

For a delegate to be considered for a floor committee position, the delegate form must be returned by **September 30, 2017**. Moreover the district office would appreciate receiving the delegate forms as early as possible and preferably by September 30. **Scan and email to ronda.wilmot@nidlcms.org or mail completed form to 2301 S. Wolf Rd., Hillside, IL 60162-2298**