

Advisory Delegates (B)

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

Note: In selecting delegates, please make sure these individuals have internet and email access. Our District uses the LCMS Northern Illinois District website (<http://www.nidlcms.org/convention>) and email correspondence to communicate with leaders. (You may copy this form to meet your needs.)

Congregation Name: _____

Street Address: _____ City: _____

Zip Code: _____ Church Phone: ____ - ____ - _____ Email: _____

Advisory Delegate Please identify this 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 this 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 **Thursday, September 26, 2024**. Moreover, the District office would appreciate receiving the delegate forms as early as possible, and preferably by September 26, 2024. **Scan and email to convention@nidlcms.org, or mail completed form to 1107 Monroe Ave., River Forest, IL 60305-1427.**