

Voting Delegates (A)

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 (www.nidlcms.org/convention) and email correspondence to communicate with leaders.

Congregation Name: _____

Street Address: _____ City: _____

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

Voting Pastoral Delegate *(must currently hold a call to the congregation)*

Name: _____, _____, _____ MI Rev.

Last

First

MI

Home Address: _____ City: _____

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

Voting Lay Delegate *(cannot be a rostered worker)*

Name: _____, _____, _____ MI Prefix: _____

Last

First

MI

Street Address: _____ City: _____

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

Voting Lay Delegate – Alternate *(cannot be a rostered worker)*

Name: _____, _____, _____ MI 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.**