



2025 Synod Assembly Registration Worksheet

Use this worksheet to gather information from your congregation's **voting members** to then be entered into the online registration. Visitors will register individually.

All registration is done online only. Please do not send this form to the synod office.

For voting member registration, all fields are required.

Congregation: _____ How many voting members? _____

How are you planning to pay for registration? Online Mailed Check
Credit Card or ACH

* If you are registering your congregation but you are not a voting member yourself you will be asked for your contact information.

Voting Member #1 (Primary)

Name: _____

Role: Rostered Minister Lay Voting Member

Pronouns: _____ Youth/Young Adult (under 30)

Email Address: _____

Dietary Needs? Vegetarian Gluten Free Vegan
 Nut Allergy Other: _____

Voting Member #2

Name: _____

Role: Rostered Minister Lay Voting Member

Pronouns: _____ Youth/Young Adult (under 30)

Email Address: _____

Dietary Needs? Vegetarian Gluten Free Vegan
 Nut Allergy Other: _____



Voting Member # (If Applicable)

Name: _____

Role: Rostered Minister Lay Voting Member

Pronouns: _____ Youth/Young Adult (under 30)

Email Address: _____

Dietary Needs? Vegetarian Gluten Free Vegan
 Nut Allergy Other: _____

Voting Member # (If Applicable)

Name: _____

Role: Rostered Minister Lay Voting Member

Pronouns: _____ Youth/Young Adult (under 30)

Email Address: _____

Dietary Needs? Vegetarian Gluten Free Vegan
 Nut Allergy Other: _____

Voting Member # (If Applicable)

Name: _____

Role: Rostered Minister Lay Voting Member

Pronouns: _____ Youth/Young Adult (under 30)

Email Address: _____

Dietary Needs? Vegetarian Gluten Free Vegan
 Nut Allergy Other: _____