



2022 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

Please complete this form and obtain the **two required** congregational **officer signatures**. Scanned and electronic signatures are acceptable. The completed and signed form may be **uploaded here** (<https://form.jotform.com/202006830703038>) - **or mailed to the Southern District Office** (if mailed, no later than March 7, 2022) - **or presented to the Southern District Secretary at the opening of the convention. Uploading or mailing the form will greatly expedite your check-in time at the convention.** (If uploading the form, be sure to attach the completed and signed form - not the original blank form.)

Your registration is not complete, and you are not eligible to vote until this completed and signed form is submitted or presented.

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:

Physical Address: (FEDEX/UPS packages)

Street/P.O. Box _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

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

Congregation Name: _____

Congregation Name: _____

Street: _____

Street: _____

City: _____ State: _____

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: _____