



**FLORIDA-GEORGIA DISTRICT, LCMS
2022 DISTRICT CONVENTION
VOTING DELEGATE CREDENTIALS**



ONE FORM PER DELEGATE

Must be received by March 18, 2022

Completed form can be submitted electronically or mailed to:

Rev. Jay Winters, District Secretary
University Lutheran
925 W. Jefferson St, Tallahassee, FL 32304-8019

copy to: Mrs. Kathy Keene, Convention Coordinator
FLGA District, LCMS
5850 T G Lee Blvd, Ste 500, Orlando, FL 32822

DELEGATE NAME:

Title	First Name	M.I.	Last Name
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DELEGATE TYPE: *Please choose one*

Pastoral Delegate Lay Delegate
 Alternate Lay Delegate

DELEGATE REPRESENTS: *Please choose one*

Single congregation Multi-congregations

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):

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: _____