



FLORIDA-GEORGIA DISTRICT, LCMS 2025 DISTRICT CONVENTION VOTING DELEGATE CREDENTIALS



ONE FORM PER DELEGATE
Must be received by March 6, 2025

Completed form can be submitted electronically or mailed to:

Rev. Dr. Gregory Michael, District Secretary
Christus Victor Lutheran Church
1010 S. Lumpkin St., Athens, GA 30605-5121
pastor.christusvictor@gmail.com
DELEGATE NAME:

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

Title _____ First Name _____ M.I. _____ Last Name _____
Region # _____ Circuit Name or # _____

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: _____