



FORM VI
OFFICIAL REGISTRATION – ADVISORY REPRESENTATIVES
2023 LCMS CONVENTION

Auto-fill form at:
lcms.org/convention/registrations

Classification (CL)*

- O – Ordained Minister
- C – Commissioned Minister
- L – Layperson

Registration Category: One category/entity per form – SELECT the correct category

- Synod Officer
- Military Chaplain
- District President
- Synod Commission
- CUS Educational Institution
- District BOD and Staff
- Synod Board of Directors
- Seminary
- District Youth Representative
- Other Board
- Foreign Mission Area Representative

Comm./Board/Entity/District: _____

*(Note: Enter a CL code to indicate classification.)

Last Name - First Name - MI - Suffix	*CL	Address		
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		Cell Phone:
** Position:		Cell phone for convention use only.		

**Name the position making the representative eligible based on Bylaw 3.1.4.

Last Name - First Name - MI - Suffix	*CL	Address		
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		Cell Phone:
** Position:		Cell phone for convention use only.		

** Name the position making the representative eligible based on Bylaw 3.1.4.

Last Name - First Name - MI - Suffix	*CL	Address		
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		Cell Phone:
** Position:		Cell phone for convention use only.		

**Name the position making the representative eligible based on Bylaw 3.1.4.

Last Name - First Name - MI - Suffix	*CL	Address		
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		Cell Phone:
** Position:		Cell phone for convention use only.		

**Name the position making the representative eligible based on Bylaw 3.1.4.

Submitting by (Name/Phone): _____ / _____

<p>By typing my initials and emailing this report form I affirm, to the best of my knowledge, the report form received is complete and accurate.</p>	<p>LCMS Certification Initials:</p>	<p>Date:</p>
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