

FORM II
OFFICIAL REGISTRATION – NONVOTING ADVISORY DELEGATES AND ALTERNATES – ORDAINED MINISTERS
2023 LCMS CONVENTION

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

DISTRICT: _____

Page _____ of _____

ENTER NONVOTING ADVISORY DELEGATES – ORDAINED MINISTERS

Last Name - First Name - MI - Suffix	Address		
	Street:		City/State/ZIP:
	P.O. Box:		City/State/ZIP:
	Email:		**Cell Phone:
	Congregation:	Name:	City/State/ZIP:
	Street:		City/State/ZIP:
	P.O. Box:		City/State/ZIP:
	Email:		**Cell Phone:
	Congregation:	Name:	City/State/ZIP:
	Street:		City/State/ZIP:
	P.O. Box:		City/State/ZIP:
	Email:		**Cell Phone:
	Congregation:	Name:	City/State/ZIP:
	Street:		City/State/ZIP:
	P.O. Box:		City/State/ZIP:
	Email:		**Cell Phone:
	Congregation:	Name:	City/State/ZIP:

ENTER NONVOTING ADVISORY DELEGATES – ORDAINED MINISTERS – *Alternates*

Last Name - First Name - MI - Suffix	Address		
	Street:		City/State/ZIP:
	P.O. Box:		City/State/ZIP:
	Email:		**Cell Phone:
	Congregation:	Name:	City/State/ZIP:
	Street:		City/State/ZIP:
	P.O. Box:		City/State/ZIP:
	Email:		**Cell Phone:
	Congregation:	Name:	City/State/ZIP:

**Cell phone for convention use only.

<p>By typing my initials and emailing this form I affirm, to the best of my knowledge, that the elections were conducted according to the Bylaws of the Synod and that the report form received is complete and accurate.</p>	<p>District Secretary Initials:</p>	<p>Date:</p>
---	--	---------------------