

Delegate Credential Form

2017 Advent Christian General Conference Triennial Convention

This is to certify that the following named persons
have been duly elected/appointed to represent:

Signature: _____

Position: _____

Date: _____

Name of Church, Conference or Associate

List Delegates Below (Please type or print)

Name: _____

- Ordained/Licensed Minister
 Lay Person

Address: _____

City: _____
State: _____ Zip: _____

Name: _____

- Ordained/Licensed Minister
 Lay Person

Address: _____

City: _____
State: _____ Zip: _____

Name: _____

- Ordained/Licensed Minister
 Lay Person

Address: _____

City: _____
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- Ordained/Licensed Minister
 Lay Person

Address: _____

City: _____
State: _____ Zip: _____

Name: _____

- Ordained/Licensed Minister
 Lay Person

Address: _____

City: _____
State: _____ Zip: _____

Do not write in this space – For use of Credentials Committee.