## **Year 2022 - Delegate Certificate** [Only One Delegate per Church]

(A separate card must be completed for each person to be certified)

This Certifies

Name	v., Dr., Mr., Mrs., Miss – Please Print)		
(Use Rev	., Dr., Mr., Mrs., Miss – Please Print)		
Address	(Chroat City Chata Zim)		
(Street, City, State, Zip)			
Attending In-Person OR	Attending Virtually		
Is the duly accredited <b>Delegate</b> of the			
(Official Name of Church)	(City)	(State)	
Name:	Office:		
(Signed by Officer other than the Delegate)			
Please return to: NACCC Annual Meeting, PO Box 288, Oak Creek, WI 53154 or scan/email to cdahm@naccc.org and confirm that she has received this form.			
NATIONAL ASSOCIATION OF CONGREGATIONAL CHRISTIAN CHURCHES			
Year 2022 - Alternate Certificate #2 Voting Priority Alternate			
(A separate card must be completed for each person to be certified)			
This Certifies			
Name			
(Use Rev., Dr., Mr., Mrs., Miss – Please Print)			
Address			
	(Street, City, State, Zip)		
Attending In-Person OR	Attending Virtually		
Is the duly accredited #2 Voting Priority Alternate of the			
70/11/11/11/11			
(Official Name of Church)	(City)	(State)	
(Official Name of Church)  Name:	(City) Office:	(State)	

Please return to: NACCC Annual Meeting, PO Box 288, Oak Creek, WI 53154 or scan/email to cdahm@naccc.org and confirm that she has received this form.

## NATIONAL ASSOCIATION OF CONGREGATIONAL CHRISTIAN CHURCHES

## **Year 2022 - Alternate Certificate #1 Voting Priority Alternate**

(A separate card must be completed for each person to be certified)

	This Certifies		
Name			
(Use	e Rev., Dr., Mr., Mrs., Miss – Please Print)		
Address	(Street, City, State, Zip)		
Attending In-Person	ORAttending Virtually		
Is the duly accredited #1 Voting Priority Alternate of the			
(Official Name of Church)	(City)	(State)	
Name:	Office:		
(S	Signed by Officer other than the Alternate)		
Please return to: NACCC Annual Meeting, PO Box 288, Oak Creek, WI 53154 or scan/email to cdahm@naccc.org and confirm that she has received this form.			
NATIONAL ASSOCIATION	ON OF CONGREGATIONAL CHRISTIA	N CHURCHES	
Year 2022 - Alternate Certificate #3 Voting Priority Alternate			
(A separate card must be completed for each person to be certified)			
This Certifies			
Name			
(Use Rev., Dr., Mr., Mrs., Miss – Please Print)			
Address			
	(Street, City, State, Zip)		
Attending In-Person	ORAttending Virtually		
Is the duly accredited #3 Voting Priority Alternate of the			
(Official Name of Church)	(City)	(State)	
Name:	Office:		
(Signed by Officer other than the Alternate)			

Please return to: NACCC Annual Meeting, PO Box 288, Oak Creek, WI 53154 or scan/email to cdahm@naccc.org and confirm that she has received this form.