

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

(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 **Delegate** 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@nacc.org and confirm that she has received this form.

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

(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@nacc.org and confirm that she has received this form.

Year 2022 - Alternate Certificate
#1 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 **#1 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@nacc.org and confirm that she has received this form.

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 OR Attending 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@nacc.org and confirm that she has received this form.