



NATIONAL ASSOCIATION OF CONGREGATIONAL CHRISTIAN CHURCHES 2024 DELEGATE / ALTERNATE CERTIFICATE

Instructions: Please certify one delegate and up to two alternates on this form. For additional alternates, please contact amccall@nacc.org for an additional form. Please email to: amccall@nacc.org (you will receive a confirmation that the form was received) or mail to: NACCC Annual Meeting, PO Box 288, Oak Creek, WI 53154

Year 2024 - Delegate Certificate [Only One Delegate per Church]

Name \_\_\_\_\_

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)

Year 2024 - Alternate Certificate #1 Voting Priority Alternate

Name \_\_\_\_\_

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)

Year 2024 - Alternate Certificate #2 Voting Priority Alternate

Name \_\_\_\_\_

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)