

**DELEGATE CERTIFICATION FORM—FOR ZONE PRESIDENTS**  
**LUTHERAN WOMEN IN MISSION—MISSOURI DISTRICT CONVENTION**

Name of Zone \_\_\_\_\_ Signature of Zone President \_\_\_\_\_

Number of Delegates Eligible \_\_\_\_\_ Number of Delegates Registered \_\_\_\_\_

PLEASE PRINT OR TYPE. Return 1 copy or send by email to Missouri District Secretary **by March 19.**  
*Each Delegate and Alternate must also fill out a registration form to attend the convention. This should be done online by **March 31.***

LIST CONGREGATIONS IN ALPHABETICAL ORDER BY CITY

Congregation & location \_\_\_\_\_ Society \_\_\_\_\_

**Delegate** \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Alternate** \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Delegate** \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Alternate** \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Congregation & location \_\_\_\_\_ Society \_\_\_\_\_

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