



Community of Christ

GREATER PACIFIC NORTHWEST USA MISSION CENTER

GPNW MC Conference 2019 Delegate/Alternate Submittal Form

Following your congregation's election of delegates and alternates for the 2019 Mission Center Conference, please submit the following information by Tuesday, October 1, 2019.

Congregation: Your Name:

DELEGATES AND ALTERNATES, LISTED IN ORDER OF THE HIGHEST TO THE LOWEST VOTES RECEIVED:		
<input type="checkbox"/> Delegate	<input type="checkbox"/> Alternate	Name:
Mailing address:		
Telephone Number:		Email Address:
Does this person want the mission center to print Conference materials (Saturday booklet) for them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Delegate	<input type="checkbox"/> Alternate	Name:
Mailing address:		
Telephone Number:		Email Address:
Does this person want the mission center to print Conference materials (Saturday booklet) for them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Delegate	<input type="checkbox"/> Alternate	Name:
Mailing address:		
Telephone Number:		Email Address:
Does this person want the mission center to print Conference materials (Saturday booklet) for them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Delegate	<input type="checkbox"/> Alternate	Name:
Mailing address:		
Telephone Number:		Email Address:
Does this person want the mission center to print Conference materials (Saturday booklet) for them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Delegate	<input type="checkbox"/> Alternate	Name:
Mailing address:		
Telephone Number:		Email Address:
Does this person want the mission center to print Conference materials (Saturday booklet) for them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Delegate	<input type="checkbox"/> Alternate	Name:
Mailing address:		
Telephone Number:		Email Address:
Does this person want the mission center to print Conference materials (Saturday booklet) for them? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Mailing address:	
Telephone Number:	Email Address:
Does this person want the mission center to print Conference materials (Saturday booklet) for them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONGREGATIONAL INFORMATION

Date your business meeting was held:
If you have unfilled delegate spots, do you wish to make those available to alternates in good standing from other congregations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to be specific about which congregation(s) can utilize your unfilled delegate spots? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list which congregation(s):

Send info to:

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