

Alternate Delegate

FORM FOR KANSAS DISTRICT CONVENTION

June 5-6, 2025

DELEGATE TYPE: VOTING PASTORAL VOTING LAY ADVISORY LAY

Name of delegate to be replaced: _____

Delegate Represents:

Congregation Name: _____

City: _____

Alternate Delegate Name: _____

Address: _____

Email: _____

Telephone: _____

Date: _____

SIGNED BY: [1] _____
(President of Congregation)

[2] _____
(Secretary of Congregation)

RETURN THIS DELEGATE FORM BOTH DIGITALLY AND WITH PHYSICAL (“WET”) SIGNATURES TO DISTRICT SECRETARY:

Rev. Joshua Woelmer
1000 SW 10th Avenue Topeka, KS, 66604
Email: ksdconvention@kslcms.org

District Secretary Signature: _____ Date: _____