

# Congregational Voting Delegates at the Southern Illinois Convention 2025

\_\_\_\_\_ Lutheran Church, \_\_\_\_\_, IL

## Lay Voting Delegate elected by congregation:

First and Last Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I plan to eat the following meals at convention on Friday 2/21 (no cost to you)  Lunch  Dinner

I have the following dietary restrictions: \_\_\_\_\_

## Pastoral Voting Delegate of the congregation is: The pastoral voting delegate of the congregation is:

First and Last Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I plan to eat the following meals at convention on Friday 2/21 (no cost to you)  Lunch  Dinner

I have the following dietary restrictions: \_\_\_\_\_

## Alternate Lay Delegate elected by the congregation:

First and Last Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I plan to eat the following meals at convention on Friday 2/21 (no cost to you)  Lunch  Dinner

I have the following dietary restrictions: \_\_\_\_\_

This form, signed by two congregational officers, qualifies the named individuals to stand accredited and entitled to vote.

Cong. Officer \_\_\_\_\_ Cong. Officer \_\_\_\_\_

To be eligible for floor committee appointment this form **must** be returned by **Dec 1, 2024**. **Otherwise the form must be brought to registration at the convention.**

Email a signed, digital copy to:

[siddpaa@gmail.com](mailto:siddpaa@gmail.com)

and

Mail the signed form to:

SID Office

Attn. Rev. Peter W. Ill, Dist. Sec.

2408 Lebanon Ave.

Belleville, IL 62221