

**Fellowship of Grace Brethren Churches**  
**DELEBATE CREDENTIAL FORM**

PLEASE FILL OUT THIS FORM COMPLETELY. Leave it at the Welcome Center

Church Name:	Phone:	
Mailing Address:	Email:	
City:	State:	Zip:

*The delegates listed below are members in good standing of the above named church and each is hereby presented for seating as a certified voting delegate to the Annual Business Meeting of the Fellowship of Grace Brethren Churches.*

**Authorization Signatures:**

**Date Signed**

\_\_\_\_\_ **Title:** \_\_\_\_\_  
 \_\_\_\_\_ **Title:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**LIST DELEGATES**

When choosing delegates don't forget to consider missionaries, church planters and chaplains who are members of your church and who will be attending this conference.

1	13	25
2	14	26
3	15	27
4	16	28
5	17	29
6	18	30
7	19	31
8	20	32
9	21	33
10	22	34
11	23	35
12	24	36

Note - We will confirm your churches eligibility for delegates. Churches must have submitted a current statistical form and membership fee in order to seat delegates.