

WV-WMD Synod Assembly Registration Form

Date: _____ Time: _____

Name (First/Last): _____

Residence (City/ST): _____

Phone: _____ Email: _____

Standing

Visitor

Advisory Member / Category: _____

Voting Member

Clergy

Under call where: _____

Retired or Disabled

On leave from call

Laity / Congregation: _____

Registration Status (Laity Voting Members only)

I am registering (and not an alternate)

I am an alternate

Who are you replacing (name): _____

{To be completed by registrar} Type of certification provided:

Letter from congregation

Verbal from pastor or officer of congregation

Name of attestor: _____

Name of Registration agent: _____