



**THEALLIANCE**

**The following individual is certified to be an OFFICIAL LAY DELEGATE for the below named church.**

Delegate Name \_\_\_\_\_

Church Name \_\_\_\_\_

City Name \_\_\_\_\_

Signature of Governance Authority Secretary

\_\_\_\_\_ Date \_\_\_\_\_



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Delegate Name \_\_\_\_\_

Church Name \_\_\_\_\_

City Name \_\_\_\_\_

Signature of Governance Authority Secretary

\_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL LAY DELEGATE CERTIFICATE**

This form must be returned to the District Office by March 25, 2024.

*2024 District Conference Rocky Mountain District*

*April 8-10, 2024*

*Billings, MT*



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