

VOTING MEMBER CREDENTIAL

Due By: May 8, 2019

Congregation or Parish _____

Location: _____ Conference: _____

Pastor or Congregational President: _____

Signature

Date

Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Gender:		Gender:	
Racial/Ethnic Background: <input type="checkbox"/> African Descent or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Latino/a <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> European American or White <input type="checkbox"/> Multiracial/multiethnic	Primary Language: _____	Racial/Ethnic Background: <input type="checkbox"/> African Descent or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Latino/a <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> European American or White <input type="checkbox"/> Multiracial/multiethnic	Primary Language: _____

NOTE: Each congregation is entitled to a minimum of two voting members, normally one of whom is to be male and one female. If more than two voting members are authorized and elected, please make copies of this sheet, and fill in the requested information for each additional voting member.

***Each Voting Member must have a credential form on file in order to vote.**

**BE SURE EACH VOTING MEMBER COMPLETES A REGISTRATION FORM!
THE CREDENTIAL FORM DOES NOT SERVE AS REGISTRATION FOR VOTING MEMBERS**