

THE UNITY OF THE BRETHREN 67TH Biennial Convention, July 6-8, 2017 **Credentials Form**

Congregation: _

We, the undersigned, hereby certify:

Name		E-mail		Phone number
Address		City	State	Zip
67 th Conven	y been elected a tion to be held tify the alternat	at Temple.	f our congreg	ation for the
Name		E-mail		Phone number
Fund the rec	certify that our of the court o	based on our ad	as remitted to	
Minister:				
President:	Signature requ	iired		
Secretary:	Signature requ			
Date:	Signature requ	vired		
	_			

Congregations: **complete two forms for each delegate/alternate**. One copy is mailed to the Unity Secretary with the delegate fee. The second copy is to be brought by the delegate to the Convention.



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Name	E-mail	Phone number
Address	City	State Zip
	en elected as a delegate of to be held at Temple. the alternate is:	our congregation for the
Name	E-mail	Phone number
Address	City	State Zip
Address We further certit	<i>City</i> fy that our congregation ha	1

Minister:	
	Signature required
President:	
	Signature required
Secretary:	
-	Signature required
Date:	

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