

# ***DELEGATE FORM***

Sectional Council  
2024

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**HEREBY CERTIFY THAT THE FOLLOWING NAMED PERSON:**

\_\_\_\_\_  
*Print Name of Authorized Delegate*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**IS THE DULY AUTHORIZED DELEGATE TO THE  
2024 SECTIONAL COUNCIL**

Printed Name of Lead Pastor \_\_\_\_\_

Signed \_\_\_\_\_  
*Lead Pastor*

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Rocky Mountain Ministry Network  
of the Assemblies of God  
6295 Lehman Drive, Suite 202  
Colorado Springs, CO 80918-8434

**This form must be signed by both the Pastor and mailed to the Network office, emailed to [secretariat@rmdc.org](mailto:secretariat@rmdc.org) or presented at the opening of the Sectional Council Business Meeting.**