

# ***DELEGATE FORM***

## **Network 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 NETWORK 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 Network Council Business Meeting.**