

DELEGATE CHANGE REQUEST FORM

*submitted to the Secretary of The Lutheran Foundation at
3024 Fairfield Avenue, Fort Wayne, IN 46807*

Each eligible congregation shall be entitled to designate one (1) Delegate representative for each one hundred (100) confirmed members or fraction thereof.

In order to ensure that all Delegates of record receive Semiannual and Annual Meeting information in a timely manner, please note that no changes in Delegates will be processed in the month prior to the Semiannual Meeting and Annual Meeting of the Membership. Any Delegate Change Request Forms received after the 15th of the month prior to the Semiannual and Annual Meeting may not take effect until after the date of the respective meeting.

This form must be signed and dated in the places provided

Changes and updates to Delegate mailing addresses, telephone numbers, and e-mail addresses do not require a signature and may optionally be e-mailed to hgratz@thelutheranfoundation.org.

Name of Congregation:

Congregation Address:

Telephone Number and Fax Number:

Date:

Printed Name of Pastor:

****Signature of Pastor:**

Printed Name of President or Other Congregation Officer:

****Signature of President or Other Congregation Officer:**

Indicate below whether to **Add, Remove or Change**

Delegate Name
(include Rev., M.D., Ph.D., D.D.S., D.V.M., etc. if applicable)

Preferred Mailing Address

Telephone Number/E-mail Address

