

**Year 2019 - Alternate Certificate**  
**#4 Voting Priority Alternate**

(A separate card must be completed for each person to be certified)

This Certifies

Name \_\_\_\_\_  
(Use Rev., Dr., Mr., Mrs., Miss – Please Print)

Address \_\_\_\_\_  
(Street, City, State, Zip)

Is the duly accredited **#4 Voting Priority Alternate** of the

\_\_\_\_\_  
(Official Name of Church) (City) (State)

Name: \_\_\_\_\_ Office: \_\_\_\_\_  
(Signed by Officer other than the Alternate)

Please return to: NACCC Annual Meeting, PO Box 288, Oak Creek, WI 53154

**Year 2019 - Alternate Certificate**  
**#6 Voting Priority Alternate**

(A separate card must be completed for each person to be certified)

This Certifies

Name \_\_\_\_\_  
(Use Rev., Dr., Mr., Mrs., Miss – Please Print)

Address \_\_\_\_\_  
(Street, City, State, Zip)

Is the duly accredited **#6 Voting Priority Alternate** of the

\_\_\_\_\_  
(Official Name of Church) (City) (State)

Name: \_\_\_\_\_ Office: \_\_\_\_\_  
(Signed by Officer other than the Alternate)

Please return to: NACCC Annual Meeting, PO Box 288, Oak Creek, WI 53154

**Year 2019 - Alternate Certificate**  
**#5 Voting Priority Alternate**

(A separate card must be completed for each person to be certified)

This Certifies

Name \_\_\_\_\_  
(Use Rev., Dr., Mr., Mrs., Miss – Please Print)

Address \_\_\_\_\_  
(Street, City, State, Zip)

Is the duly accredited **#5 Voting Priority Alternate** of the

\_\_\_\_\_  
(Official Name of Church) (City) (State)

Name: \_\_\_\_\_ Office: \_\_\_\_\_  
(Signed by Officer other than the Alternate)

Please return to: NACCC Annual Meeting, PO Box 288, Oak Creek, WI 53154

**Year 2019 - Alternate Certificate**  
**#7 Voting Priority Alternate**

(A separate card must be completed for each person to be certified)

This Certifies

Name \_\_\_\_\_  
(Use Rev., Dr., Mr., Mrs., Miss – Please Print)

Address \_\_\_\_\_  
(Street, City, State, Zip)

Is the duly accredited **#7 Voting Priority Alternate** of the

\_\_\_\_\_  
(Official Name of Church) (City) (State)

Name: \_\_\_\_\_ Office: \_\_\_\_\_  
(Signed by Officer other than the Alternate)

Please return to: NACCC Annual Meeting, PO Box 288, Oak Creek, WI 53154