

Year 2020 - 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 2020 - 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 2020 - 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 2020 - 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