

The Wisconsin/Northern Michigan Ministries Network
of the Assemblies of God
Delegate Certificate

This is to certify that _____

*has been selected to serve as a delegate to the annual District Summit
of the Wisconsin/Northern Michigan District of the Assemblies of God*

Representing:

Church name: _____

City _____

Date: _____

Signatures:

Pastor

Church Board Secretary

NOTE: Please mail with your District Summit registration form and fee.