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.