

DELEGATE FORM

Sectional Council
2025

Name of Church _____

Mailing Address _____

City _____ State _____ Zip _____

HEREBY CERTIFY THAT THE FOLLOWING NAMED PERSON:

Print Name of Authorized Delegate

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

**IS THE DULY AUTHORIZED DELEGATE TO THE
2025 SECTIONAL COUNCIL**

Printed Name of Lead Pastor _____

Signed _____
Lead Pastor

Email _____ Cell # _____

Rocky Mountain Ministry Network
of the Assemblies of God
6295 Lehman Drive, Suite 202
Colorado Springs, CO 80918-8434

This form must be signed by both the Pastor and mailed to the Network office, emailed to secretariat@rmdc.org or presented at the opening of the Sectional Council Business Meeting.