

VOTING MEMBER CHANGE FORM

Region _____ Synod _____ Synod Name _____

The following voting member will not attend the Eleventh Triennial Convention (2021):

The alternate who will attend in her place is:

Date the voting member resigned _____

Date the alternate was notified _____

Signature of Synodical President

Date

Daytime Telephone

BEFORE THE ALTERNATE CAN ASSUME THE DUTIES OF THE RESIGNING VOTING MEMBER, THIS FORM MUST BE RETURNED TO:

**WOMEN OF THE ELCA CHURCHWIDE EXECUTIVE ADMINISTRATIVE ASSISTANT
8765 W. HIGGINS ROAD, CHICAGO, IL 60631**