

Credential Form –Accredited Delegate

Please check: ____ Honorary Life Member ____ Life Member ____ Diocesan Officer/Chairperson

Name of Accredited Delegate _____

Address: _____

Parish Council: _____

Complete online or mail / email to: Liz Pawlowski at:

174 Westbank Trail, Stoney Creek, ON L8J 0H3 cwlhamiltonconvention@gmail.com

This contact information will be used by the Registration Committee and Diocesan Secretary for checking credentials, preparing voting cards and credential record. Information will be destroyed once the convention is completed.



Credential Form – Parish Council Voting Delegate (president or her alternate - one per parish)

Friday: ____ Saturday: ____ Sunday: ____

This is to verify that:

Name of Voting Delegate _____

Address: _____

Parish Council: _____

Complete online or mail / email to: Liz Pawlowski at:

174 Westbank Trail, Stoney Creek, ON L8J 0H3 cwlhamiltonconvention@gmail.com

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Credential Form – Parish Council Accredited Delegate (up to 2 Accredited Delegates per council)

This is to verify that:

Name of Accredited Delegate _____

Address: _____

Parish Council: _____

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