Joint Conference of Branches
November 10-13, 2005
Branch Registration Form

Please complete this information sheet and forward it to Credentials Committee, c/o Elder Rudy Leutzinger, Temporary Clerk, at 15500 E 44th Terrace S, Independence, MO 64055, as soon as possible and prior to November 10, 2005 (opening date of conference). Questions may be addressed to Elder Leutzinger at (816) 373-1637.

Branch Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone (___) _____

Branch President: _____ Priesthood Office: _____

Address: _____

City: _____ State: _____ Zip Code: _____Telephone: _(____)_____

E-mail: _____

Branch Information

Date of Organization	
Organized by	
Current membership #	

Brief History

☐ By-Laws or Brief History is attached. ☐ Brief History is provided below.

To verify allocated delegates from your branch and to seat members who wish to attend the conference, please provide a list or directory of members with names, addresses, telephone numbers, e-mail addresses, date of baptism, priesthood office, and date of ordination. Optional information for our data base should include date of birth and officiating ministers in baptisms and ordinations.

Each branch will be allocated one (1) official delegate (branch president or other designated priesthood member) and one (1) delegate for each 25 members (a minimum of 2 delegates). Delegates must be members of the branch, in "good standing," and elected by the branch. Please provide the names and contact information for the number of delegates to which your branch is entitled and an authorizing signature from a branch officer. Use back of sheet for additional delegates.

Official Delegate (name, contact info): _____
Delegate for 6-25 members (name, contact info): _____
Delegate for 26-50 members (name, contact info): _____
Delegate for 51-75 members (name, contact info): _____
Delegate for 76-100 members (name, contact info): _____
Delegate for 101-125 members (name, contact info): _____
Delegate for 126-150 members (name, contact info): _____
Delegate for 150-175 members (name, contact info): _____

Authorizing signature: _____ Title: _____
Contact information _____