#### AFRICAN METHODIST EPISCOPAL CHURCH SECOND EPISCOPAL DISTRICT VIRGINIA CONFERNCE BRANCH WOMEN'S MISSIONARY SOCIETY

Mrs. Arelis B. Davis, Episcopal Supervisor Ms. Selerya Moore, Episcopal President Ms. Rita H. Willis, Conference Branch President

### "LETTER OF INTENT"

TO: THE VIRGINIA CONFERENCE NOMINATING COMMITTEE

"I			do	eclare my intent to run for
Delo	egate Alternate Del	egate (check	one) in the upcomin	ng election for Delegates to
the 2023 (	Quadrennial Convention to	o be held on		·"·
	Local Church  Home Address  City		<u>.</u>	
	Telephone Number: Day		_	
	EMAIL Address:			

According to Article IV, Section 8. Quadrennial Delegates of the 2020-2024 WMS Constitution & Bylaws (page 35):

The Recording Secretary of the Conference shall keep an accurate roll of members. Only those who have been members for four (4) or more consecutive years shall be eligible to be elected delegates to the Quadrennial Convention. Persons who transition to the WMS with uninterrupted time as a YPDer shall be eligible to be elected delegate to the Quadrennial Convention after two (2) consecutive years as active WMS members. They

# shall be active participants on the local level and attend at least two (2) Annual Conference Meetings.

### 1. Indicate **Local Meetings** attended.

Signature – Local Pastor

LOCAL	Meetings Attended			Local President (in consultation with the				
<b>SOCIETY</b> (Include dates)			Recording Secretary)					
2021								
2020								
2019								(print/type name)
2018								
2017								
List other wa	ys you	u hav	ve a	ctiv	ely			(signature)
participated i	n the l	Loca	al Sc	ocie	ety.			
-					•			
								(date)
PRINT Name – Local Missionary  Signature – Local Missionary				Date				
PRINT N	Name	– Lo	 ocal	Mi	ssic	onar <sub>.</sub>	y P	President
Signature – Local Missionary President					dent Date			
PRINT Name – Local Pastor								

Date

# 2. Complete the information for the **WMS Annual Conventions**.(The Nominating Committee will verify the attendance and secure the required signature.)

	Registered	Attended	The Conference Branch Recording Secretary
	(YES/NO)	(YES/NO)	must certify this.
2021			Conference Branch Recording Secretary
2020			
2019			(print/type name)
2018			
2017			(signature)
			(date)

## 4. List **Conference activities** attended.(Verification will be completed by Nominating Committee. You may list the activities, dates and meetings.)

CONFERENCE	List Meetings Attended (other than Annual Convention)	Conference Branch President (in consultation with the Recording Secretary)
2021		
2020		
2019		(print/type name)
2018		
2017		
List additional meeting have been active in the	• • •	(signature) (date)

Nominating Committee will verify the following w	ith the Conference W	MS Treasurer or
Area Chairs:		

Local Churc	h partici	pated in Dorcas	WMS level	YPD level
Local Charc	n parner	paica in Dorcas		11 D icvci