

**NOTIFICATION OF THE APPOINTMENT OF AN ALTERNATE  
LAY SYNOD REPRESENTATIVE**

**49TH SYNOD OF THE DIOCESE OF SYDNEY**

This form to be given to the Alternate Lay Synod Representative and brought to Synod

<b>Title</b>	<b>Full Name of Alternate</b>
Mr	Surname:
Mrs	
Miss	
Ms	Given Names:
Dr	

**Address and Contact details**

*Residential*

*Postal*

Phone:

Fax:

Mobile:

(H)

(H)

Email:

(W)

(W)

**Name of Parish**

Parish

Provisional Parish

Recognised Church

**Appointment Certification (to be completed by the elected Synod Representative)**

In accordance with the Synod Membership Ordinance 1995, clause 22A (2), I confirm that I have advised you of my appointment of an alternate Representative as above.

Signature: ..... Date: .....

**Notes:**

- The Elected Lay Synod Representative is to give this form to the Alternate Lay Representative.
- The elected Lay Synod Representative is to keep this form so it can be brought to Synod and produced when signing the Register of Representatives, which will assist the signing in process.