



2020 Nomination Form

Please type or print clearly in block letters.

Name _____

Nominating Information (all information required)

Position (check one): Consultation Discipline
 Nominating Synod Council

Representing (check one): At-Large Cluster: _____

Gender: _____

Pronouns: _____

(check one): Rostered Minister Lay

Gender non-binary or gender non-conforming people can be nominated to serve in any roles designated for gendered representation.

(check all that apply):

African American/Black Asian American European American
 Latinx American Native American Other (specify) _____

Date of Birth _____ First language, if other than English _____

Member of Congregation (name and city) _____

Personal Information

Address _____
Street, City, State, Zip

Work Phone _____ Cell or Home Phone _____

Email _____

Current Position/Employment _____

Education or other experience _____

List three significant church-service positions with dates

1. _____
2. _____
3. _____

List three significant community service positions with dates

1. _____
2. _____
3. _____