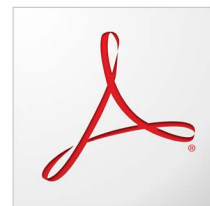


Instructions for filling out this form

Fillable PDF

This is a fillable PDF form. You will need Adobe Acrobat or Adobe Reader to complete and save this form. This application may be downloaded free at <http://get.adobe.com/reader>.



Attention Mac Users

Please do not complete this form using Apple Preview. If you use Preview, some features such as saving your completed document may be unavailable. Or, it may appear that the document was saved, but when your recipient opens the document, all fields will appear blank. Use Adobe Acrobat or Adobe Reader; this free application may be downloaded at <http://get.adobe.com/reader>.



Other PDF Readers

Please do not complete this form using other PDF readers such as Foxit Reader, SumatraPDF or Xpdf. If you use these applications, the PDF may not save correctly and you will need to fill it out again using Adobe Reader.



Do not complete this application within a browser

If you are viewing this form from within a web browser, please go back to the link and save the PDF file to your computer. To do this with a PC, right-click on the document and select either "Save Target As" or "Save Link As" and save. On a Mac, use Command-Click. If you use this form from within a browser, some features such as saving your completed document may be unavailable.

Filling in the form

This form can be filled in and saved for later editing or printing. To fill out this form, position your pointer within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work (the first time you may be prompted to save with a different file name; you may name your file anything you want).



Evangelical Lutheran Church in America

God's work. Our hands.



Evangelical Lutheran Church in America

God's work. Our hands.

Greater Milwaukee Synod – 2017 Nomination Form

Please TYPE or PRINT CLEARLY

Name _____

Nominating Information (all information required)

Position (*check one*): Consultation Discipline Nominating Synod Council

Representing (*check one*):

At-Large Cluster (if cluster, name of cluster required) _____

(*Check one*):

Female Male

(*Check one*):

Clergy Lay

(*Check all that apply*):

African American/Black Asian American European American
Latino American Native American Other (if other, specify) _____

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

Member of (congregation name and city) _____

Personal Information

Address _____

Street, City, State, Zip

Phone - Work _____ Home or Cell _____

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. _____

Are you willing to serve if elected? _____

Please return completed form promptly to Mary Romskog at:

Email: mary.romskog@milwaukeesynod.org

Fax: 414-671-1756

Mail: Greater Milwaukee Synod, 1212 S Layton Blvd, Milwaukee WI 53215

Please direct questions to Mary Romskog (414-671-1212)