



Metropolitan New York Synod
Evangelical Lutheran Church in America

God's work. Our hands.

2012 CANDIDATE INFORMATION FORM

Nomination for: [Office]

*1. Name _____
 Last First Middle Initial
 Address _____
 Phone _____ E-mail (optional) _____

*2. Age bracket <19 _____ 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60+ _____

*3. Congregation _____
 Congregation Name Community

*4. Racial/Ethnic Information
 African American/Black Asian/Pacific Islander Caucasian Hispanic Native American
 Primary Language other than English

5. Current Position/Employment _____

6. Church Leadership Positions (maximum of 3)

7. Community Leadership Positions (maximum of 3)

8. Candidate Statement: (maximum of 25 words)

*9. Prior Service: If nominated for Synod Council, have you served before? _____ If so, when? _____
 If nominated for Churchwide Assembly, have previously you attended as a voting member? _____ When? _____

*10 Submitted by: _____
 Name Phone Number E-mail

*11 Affirmation: I understand the requirements of the office for which I am nominated and intend to serve if elected.

 Candidate's Signature

*required information for valid nominations