

Committee Nomination Form: Constitution Committee

This committee will review annually the Constitution, Bylaws and Continuing Resolutions of the Metropolitan New York Synod to determine compliance with the Constitution, Bylaws and Continuing Resolutions of the ELCA, including the Model Constitution for Synods and make recommendations to the Synod Council for amendment to the constitution and will assist the Secretary of the ELCA in reviewing amendments to the synod constitution.

This committee will also review all congregation constitutions on file with the Synod to determine compliance with the Constitution, Bylaws and Continuing Resolutions of the ELCA, including the Model Constitution for Congregations, and make recommendations to congregations for amendment to their constitutions to bring them into compliance and will assist the Secretary of the Synod in reviewing amendments to congregation constitutions when they are submitted in accordance with C16.04, C17.03 or C17.04 of the Model Constitution for Congregations.

Please use this form to submit a nomination – use a separate form for each nominee. Completed forms can be sent as an attachment to <u>info@mnys.org</u>.

Nominee Information

Please type all answ	ers using the fillable field	ds.				
Name:						
Title	Last	First			Middle Initial	
Nominee's Address:		Pho	ne.			
tommee 5 Address.	Phone:					
Congregation:						
Congregation:		City				
Age bracket: □ ∪	nder 19 🛘 20-29	□ 30-39	□ 40-49	□ 50-59	□ 60+	
Ethnic Background:	☐ African Descent☐ European Descer☐ Latino☐ Primary language	nt 🗆 Ar	☐ Asian and Pacific Islander			
Gender : □ m	nale 🗆 female					
Current Position/Emp	oloyment					
Church Leadership Positions (3 maximum):			munity Leader	ship Positions (3 maximum)	
Has this person serve	ed on this committee be	fore? No	Yes (when? _			
Affirmation by Nomi on serve if appointed b	nee: I understand the re by the bishop.	equirements of th	ne serving on t	his committee	and intend t	
Candidate's Signature				Da	te	

Nominator's Information

Please type all answe	ers using the fillable fields.		
Member of:	☐ Synod Council☐ Steering Committee☐ Other:	☐ Conference of Deans☐ Synod Staff	
Name:	Last	First	A 41 - 1 - 11 - 1 - 12 - 1
ппе	Last	First	Middle Initial
Nominator's Address:		Phone:	
		Email:	
Congregation:			
Cor	ngregation Name	City	
wny are your recomm	nenaing this person? what gir	ts do you recognize in this person	
-	ator: I affirm I have spoken w if appointed by the bishop.	ith this nominee and believe they	are well-suited to
Nominator's Signature			Date