

Nominator's Information

Please type all answers using the fillable fields.

Member of:

- Synod Council
 Steering Committee
 Other: _____

- Conference of Deans
 Synod Staff

Name:

Title

Last

First

Middle Initial

Nominator's Address: _____

Phone: _____

Email: _____

Congregation: _____

Congregation Name

City

Why are you recommending this person? What gifts do you recognize in this person?

Affirmation by Nominator: I affirm I have spoken with this nominee and believe they are well-suited to serve in this capacity if appointed by the bishop.

Nominator's Signature

Date