

Women of the Evangelical Lutheran Church in America Northeastern Iowa Synodical Women's Organization

NOMINATION FORM FOR OFFICERS AND BOARD MEMBERS

TO BE COMPLETED BY THE **NOMINEE** (Please type or print – and duplicate as needed)

Check below the position in which the nominee is willing to serve. The individual must consent to serve, if elected.

____ **PRESIDENT**

____ **SECRETARY**

____ **BOARD MEMBER**

NAME: _____

ADDRESS: _____

Home Phone: _____ Cell / work phone _____

Email: _____

CONGREGATION: _____

ADDRESS OF CONGREGATION: _____

CLUSTER _____ AGE RANGE ____ 34 & UNDER ____ 35-49 ____ 50-64 ____ 65 & OVER

Ethnic/Racial Heritage: _____ American Indian/Alaskan Native _____ African American/black

_____ Asian and Pacific Islander

_____ Latino

_____ Caucasian/white

_____ Arab and Middle Eastern

_____ other _____

Please complete the next page of this form and enclose a photograph of yourself.

Please return no later than May 15, 2024 to: Alice Greimann 1868 Lark Ave Hampton, IA 50441

Please include the following biographical information:

SERVICE TO CONGREGATIONAL WOMEN OF THE ELCA:

SERVICE TO CONGREGATION:

SERVICE TO SYNODICAL WOMEN OF THE ELCA:

SERVICE TO SYNOD COMMITTEE:

SERVICE TO CHURCHWIDE COMMITTEE:

COMMUNITY SERVICE:

OTHER QUALIFICATIONS:

PRESENT EMPLOYMENT:

This form was submitted by _____

Address_____

Phone and email_____

Name of Congregation and Address_____