

**NOMINATION FORM**  
North Carolina Synodical Women's Organization  
of the Women of the ELCA

**The individual nominated must consent to serve if elected.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

AGE RANGE:      \_\_\_\_\_ 34 OR UNDER      \_\_\_\_\_ 50-64  
                      \_\_\_\_\_ 35-49                                    \_\_\_\_\_ 65 OR OVER

ETHNIC/RACIAL HERITAGE:

_____ NATIVE AMERICAN	_____ AFRICAN AMERICAN
_____ ASIAN	_____ HISPANIC
_____ CAUCASIAN	_____ OTHER _____

(SPECIFY)

PRIMARY LANGUAGE OTHER THAN ENGLISH \_\_\_\_\_

NAME OF CONGREGATION \_\_\_\_\_

**Please check all that apply to your congregational unit:**

- \_\_\_\_\_ Re-affirmation of membership on file with the SWO Leadership/Constitution Committee
- \_\_\_\_\_ Regularly meet
- \_\_\_\_\_ Participate in Women of the ELCA activities beyond our unit
- \_\_\_\_\_ Support financially the total program of the Women of the ELCA
- \_\_\_\_\_ Have a leader and receive regular mailing from the synodical and churchwide women's organization

ADDRESS OF CONGREGATION \_\_\_\_\_

CONFERENCE \_\_\_\_\_

POSITION BEING NOMINATED FOR \_\_\_\_\_

NAME OF GROUP OR PERSON MAKING NOMINATION \_\_\_\_\_

DATE NOMINATION FILED \_\_\_\_\_