NOMINATION FORM

North Carolina Synodical Women’s Organization Women of the ELCA

THE INDIVIDUAL NOMINATED MUST CONSENT TO SERVE IF ELECTED.

NAME Click or tap here to enter text.

ADDRESS Click or tap here to enter text.

HOME PHONE Click or tap here to enter text.

BUSNESS PHONE Click or tap here to enter text.

AGE RANGE:  34 or under

35-49

50-64

65 OR OVER

ETHNIC/RACIAL HERITAGE:

NATIVE AMERICAN AFRICAN AMERICAN

ASIAN HISPANIC

CAUCASIAN OTHER Click or tap here to enter text.

(SPECIFY)

PRIMARY LANGUAGE OTHER THAN ENGLISH Click or tap here to enter text.

NAME OF CONGREGATION Click or tap here to enter text.

Please check all that apply to your congregational unit:

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 Click or tap here to enter text.

CONFERENCE Click or tap here to enter text.

POSITION BEING NOMINATED FOR Click or tap here to enter text.

NAME OF GROUP OR PERSON MAKING NOMINATION Click or tap here to enter text.

DATE NOMINATION FILED Click or tap to enter a date.

COMPLETE OTHER SIDE OF THIS FORM AND RETURN BY JANUARY 11, 2024. To: Susan Harris, Nomination Chair

4369 Herter Rd.

Lincolnton, NC 28092

[sepharris@bellsouth.net](mailto:sepharris@bellsouth.net?subject=Board%20Nomination%20Form)

EXPERIENCE beginning with the most RECENT. List the experience in each area over the LAST 5 YEARS.

WOMEN OF THE ELCA:

Congregational

Conference

Synodical Women’s Organization \_\_\_\_\_\_

Churchwide Women’s Organization

Significant involvement in Women of the ELCA prior to last 5 years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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OTHER CHURCH EXPERIENCE:

Congregational

Synodical

Church-at-Large

Interdenominational

MISCELLANEOUS EXPERIENCE:

Occupational

Community Participation

Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR ACCEPTING NOMINATION: