

**2016 MONTANA SYNOD NOMINATION FORM**

Copy as many of these forms as you or your congregation may need. **PLEASE TYPE OR PRINT**

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

Name of Nominee \_\_\_\_\_ Date Submitted \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Congregational Membership \_\_\_\_\_, City \_\_\_\_\_ Cluster \_\_\_\_\_

Nominee e-mail \_\_\_\_\_ DOB (youth only) \_\_\_\_\_

**PLEASE CIRCLE ALL APPLICABLE CATEGORIES:**

**Lay Female      Lay Male      Clergy      Youth      Multicultural**

Current Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Current or past church and community leadership positions and involvement:

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

**Please use this space for a concise statement on why this nominee is suited for this position (may be written by nominator or nominee).**

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

Name of person submitting nomination \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Congregational Membership \_\_\_\_\_

**IT IS NECESSARY THAT PERSONS RECOMMENDED BE CONTACTED BY THE PERSON MAKING THE RECOMMENDATION AS TO WILLINGNESS TO SERVE IF ELECTED.**

NOMINEE HAS BEEN CONTACTED      YES \_\_\_\_\_

**Please send this form by May 2, to:**

**Nominating Committee, Montana Synod  
2415 13<sup>th</sup> Ave. S.  
Great Falls, MT 59405**

**Or give to any member of the Nominating Committee**