

2017 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 April 28, to:
Nominating Committee, Montana Synod
3125 5th Ave. S.
Great Falls, MT 594053337**

Or give to any member of the Nominating Committee