2018 Montana Synod Nomination Form Date _____ I nominate _____ Select a Category: (mark all that apply) Lay Female ☐ Lay Male ☐ Clergy ☐ Youth(15-17yrs) ☐ Young Adult(18-30) ☐ Multicultural ☐ For the position of: (mark one) Kogudus \square Churchwide Assembly Voting Member Synod Council V.P. Nominating Committee \square Synod Council Voting Member \square ELCA Church Council Nominee contact information: Name: Mailing address: Phone number: _____ Email address: Occupation: ____ ELCA congregation membership: _____ He/she is a suitable candidate for this position because: Short Biography of Nominee: Name of person submitting nomination: Mailing address: Phone number: ____ ELCA congregation membership:

Please email this form to Montana Synod Nominating Committee at jasselstine@montanasynod.org or mail it to 1221 24th Street So. Great Falls, MT 59405-5034.