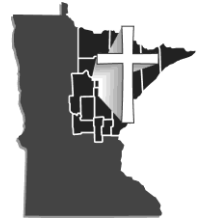


2019 Northeastern Minnesota Synod Nomination Form

Please return this form by March 15 to:
Northeastern Minnesota Synod Nominating Committee
1105 E. Superior St., Upper Suite
Duluth, MN 55802-2216



Nominee for: _____

Title: Ms. Mrs. Mr. Rev. Dr. Multicultural Representative Yes No

Name of Nominee: _____ Age: _____

Address: _____ City: _____ Zip: _____

Email: _____ Daytime Phone: _____

Congregation: _____ City: _____

Conference: _____

Occupation: _____

Experience that has prepared you for service in this capacity (up to three):

1. _____
2. _____
3. _____

Three congregational, synodical, or churchwide activities you have been or currently are involved in:

1. _____
2. _____
3. _____

Educational background:

1. _____
2. _____
3. _____

I would like to serve in this capacity because: _____

The individual above has been contacted and agreed to serve if elected: Yes No

Nominated by: _____ Daytime Phone: _____