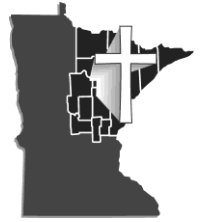


# 2020 Northeastern Minnesota Synod Nomination Form

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: \_\_\_\_\_