

**SOUTHEASTERN SYNOD WOMEN OF THE ELCA
2024 BOARD NOMINATION FORM**

Check the position below in which the nominee is willing to serve. The individual nominated must consent to serve if elected. All board positions are for a two-year term.

_____ **Vice-President**

_____ **Secretary**

_____ **Board Member**

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone home () _____ **cell/other ()** _____

email _____

Please list any positions held and most significant experience or service in each area over the last five years. (For example, president of your congregational unit, community service volunteer at homeless shelter, etc.)

Congregational Level _____

Cluster Level _____

Synodical Level _____

Churchwide Level _____

Community Service _____

Occupation _____

Age Range (*Optional)

_____ 35 years or under

_____ 50-64

_____ 36-49

_____ 65 or over

Ethnic/Racial Heritage (*Optional)

_____ Hispanic

_____ Caucasian

_____ Native American

_____ African American

_____ Asian American

Primary language if other than English (*Optional) _____

Name and Cluster Number _____

Name and address of congregation _____

In your own words, explain why you have allowed your name to be placed in nomination for this position.

*Information from these categories ensures that we are in line with churchwide policies concerning inclusivity and in no way is intended to offend.

***Please send this completed form along with a photo of the nominee to the Nominating Chair:
Margery Kellar, 1686 Bristol Drive NE Atlanta, GA 30329, margery.kellar@gmail.com***



(This section is to be completed by the participant nominating this person)

Name _____

Address _____

Telephone (_____) _____ email _____

Name and address of congregation _____

Signature _____