

2021 NOMINATION FORM
Southeastern Synod Women of the ELCA

Please 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.

_____ President

_____ Treasurer

_____ Board Member

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone home _____ cell/other _____

email address _____

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, 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 number of cluster _____

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 insures 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
Patti Austin, 218 E. Trinity Place #1020, Decatur, GA 30030 or paustin562@att.net***



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

Name _____

Address _____

Telephone _____ email _____

Name and address of congregation _____

Signature _____