

NOMINATION FORM 2021

NT-NL Synodical Women’s Organization

For Convention October 23, 2021

And Triennial Delegates 2020

Please type or print all information to complete this form. This form must be postmarked no later than October 2, 2021 to be considered by the Nominating Committee . Mail to the NT-NL SWO Nominating Committee:

Carol Otterstad; 701 E. Concord; Allen, TX 75002; Cell: 469-671-8077

OR

Jackie Leatch; 2330 Light Shore; Dallas, TX 75228; Cell: 214-994-9653

I request that the following name be considered for all that applies:

_____ Vice President

_____ Treasurer

_____ Secretary

_____ Synodical Board Member

_____ Triennial Delegate

_____ 2023 Nominating Committee

To be considered for Triennial Delegate, nominees must meet one of two following rank order criteria as stipulated by the Women of the ELCA.

(SWO Convention will select two (2) voting members for the convention in addition to the President.)

- 1. As nearly a possible one shall be a women of color or whose primary language is other than English.**
- 2. At least one of the voting members shall be a woman who is attending the convention for the first time.**

First Name_____ Last Name_____ M I_____

Address_____

(street & number)

(City & State)

(Zip code)

Phone#____-____-_____ Work#____-____-_____ CELL Phone#____-____-_____

Congregation_____ Conference_____

(City & State)

Nominee’s Age Category: ___20-35 ___36-55 ___over 55

Ethnic/Race Heritage: (circle) Asian African American Hispanic

Native American Caucasian Arab/Middle Eastern

This woman has agreed to have her name placed in nomination: ___yes ___no

Please list this nominee's qualifications that would help her perform the duties of a synodical women's organization office or executive board member or delegate to the Triennial Convention (e.g. formal training, degrees obtained, or acquired abilities.)

List her Women of the ELCA experience, including congregational/intercongregational unit, special unit, cluster/conference, synodical women's organization, regional and churchwide experience.

List any ELCA experience, including congregation, synod regional and churchwide ELCA experience.

Describe this woman's full time or part time professional, vocational and occupational experience.

SUBMITTED BY:

___ Nominee ___ Synodical women's organization officer/board member

___ Congregational/Inter-congregational or Special Unit (need form signed below by congregational unit officer for Triennial Convention Nominee.)

If on behalf of a Woman of the ELCA Unit, include the name of your unit, city and state:

Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

Day time phone _____ - _____ - _____ E-mail Address _____

Date Submitted _____ Unit _____