**NOMINATION FORM 2023**

**NT-NL Synodical Women’s Organization**

**For Convention October 13-14, 2023**

**Please type or print all information (front & back) to complete this form. This form must be postmarked no later than September 15, 2023 to be considered by the Nominating Committee. If you have any questions you can call any member of the Nominating Committee: Leslie Jenkins—903-736-8716; Glenda Phillips--817-360-5958; or Belinda Walenta—903-918-1314.**

**Please mail or email your completed nomination form to:**

**Leslie Jenkins; 2211 Turkey Road, Gladewater TX 75647**

**E-mail:** [**lgjenkins@yahoo.com**](mailto:lgjenkins@yahoo.com)

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| --- | --- |
| **I request that the following name be considered for all that applies** | |
| **Vice President** | **Treasurer** |
| **Secretary** | **Synodical Board Member** |
| **Nominating Committee** |  |

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**(Attach Nominee’s Picture Here)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First**  **Name** |  | | | | | | | | **Last**  **Name** | |  | | | |
| **Address** | |  | | | | | | | | | | | | |
| **Email**  **Address** | |  | | | | | | | | | | | | |
| **Home Phone** | |  | | | | **Work Phone** |  | | | | | | **Cell Phone** |  |
| **Congregation** | | |  | | | | | | | **Conference** | |  | | |
| **Nominee’s**  **Age Category** | | | | 20-35  36-55  Over 55 | **Ethnicity/**  **Race/Heritage** | | | Asian African American Hispanic Caucasian Native American  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/intercongregational 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:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | **Signature** | | | |  |
| **Address** | |  | | | | | | | |
| **Day time phone** | | |  | **Email Address** | | |  | | |
| **Date Submitted** | | |  | | | **Unit** | |  | |

(revised 7-18-23)