

NEW ENGLAND SYNOD NOMINATION FORM 2013

NOMINEE FOR: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: WORK: () _____ HOME: () _____

EMAIL ADDRESS: _____

CONGREGATION: _____

CITY/STATE: _____ CONFERENCE: _____

OCCUPATION: _____

CONGREGATIONAL ACTIVITIES:

1. _____
2. _____
3. _____

SYNODICAL ACTIVITIES:

1. _____
2. _____
3. _____

OTHER EXPERTISE AND SKILLS, INCLUDING LANGUAGES YOU SPEAK:

1. _____
2. _____
3. _____

NOTE: IN ORDER TO SATISFY CONSTITUTIONAL REQUIREMENTS ON NOMINATIONS, THE FOLLOWING SECTION SHOULD BE COMPLETED.

1. Gender: _____	2. Year of Birth: _____	3. Primary Language: _____
4. Please check one:	Are you a Person of Color?	Yes _____ No _____
5. Please check one:	Clergy _____	Lay Person/ Lay Rostered Leader _____

NOMINATED BY: _____ PHONE: () _____

ADDRESS: _____

Return form with a photograph **before May 17, 2013**, to:
New England Synod
20 Upland Street
Worcester, MA 01607-1624

Or fax to: 508-797-9295