

FALL GATHERING DATA

Year _____ Conference _____

Nominating Committee Elections

Each is elected for a two year term with one re-election possible.

Two persons are elected to the conference committee each fall for a 2-year term

Appointed time does not count toward elected years

PLEASE REPORT ELECTION RESULTS IMMEDIATELY

Synod Nominating Committee Member

Name _____ Year elected _____

Address _____

City _____ ZIP Code _____

Phone _____ Email _____

Home Church _____

Conference Nominating Committee Member

1. Name _____ Year elected _____

Address _____

City _____ ZIP Code _____

Phone _____ Email _____

Home Church and City _____

2. Name _____ Year elected _____

Address _____

City _____ ZIP Code _____

Phone _____ Email _____

Home Church and City _____

3. Name _____ Year elected _____

Address _____

City _____ ZIP Code _____

Phone _____ Email _____

Home Church and City _____

4. Name _____ Year elected _____

Address _____

City _____ ZIP Code _____

Phone _____ Email _____

Home Church and City _____

PLEASE fill in all blanks with new and continuing committee members.

Please designate the Chairperson of the nominating committee

Date _____ Conference Secretary _____ Phone # _____