

**NEBRASKA SYNODICAL WOMEN'S ORGANIZATION
NOMINATION FORM FOR OFFICERS AND BOARD MEMBERS
2011-2013 TERM**

Congregational Units: Please complete the information requested before returning this nomination form.

Check below the position in which the nominee is willing to serve. The individual nominated must consent to serve if elected. All positions are for a two-year term.

_____ Vice President _____ Secretary _____ Treasurer _____ Central Conference Board Rep _____ High Plains Conference Board Rep	_____ Metro East Conference Board Rep _____ Midlands Conference Board Rep _____ Northeast Conference Board Rep _____ Southeast Conference Board Rep _____ Southern Prairie Conference Board Rep
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PLEASE PRINT:

Name _____

Mailing Address _____

Home Phone () _____ **Work Phone:** () _____

E-mail Address _____

Age Range 20 – 25 years 26 – 35 years 36 – 55 years 56+ years

Race & Ethnicity African American Arab, Middle Easterner Caucasian
 Alaska Native Asian Hispanic
 American Indian Black Other: _____

Primary Language if other than English: _____

Name of Conference _____

Name of Congregation _____

Address & Town of Congregation _____

Please complete both sides and return by July 1, 2011 to:

Beth Meyer, Nominating Committee Chair
 Nebraska Synodical Women's Organization
 2051 Fairarces Drive
 Fremont, NE 68025-2736

For more information, call Beth at 402.721.3053 or e-mail at tmeyer10@neb.rr.com

EXPERIENCE & CHURCH SERVICE: (Positions held in office and service work done.) Begin with the most recent and significant experience in each over the **LAST FIVE YEARS.**

Congregational Level: _____

Conference Level: _____

Synodical Level: _____

Regional or Churchwide Level: _____

Community Service: _____

Special Gifts or Talents: _____

The information below this line is to be completed by the person recommending this nominee.

RATIONALE for believing this nominee can serve effectively in the position for which she has been nominated.

Signature of Nominating Participant _____

Mailing Address _____

Telephone Number () _____ E-mail _____

Name of Congregation _____

Town of Congregation _____