



**NEBRASKA SYNODICAL WOMEN'S ORGANIZATION
NOMINATION FORM FOR OFFICERS AND BOARD MEMBERS
2017-2019 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 | _____ Metro East Conference Board Rep |
| _____ Secretary | _____ Midlands Conference Board Rep |
| _____ Treasurer | _____ Northeast Conference Board Rep |
| | _____ Central Conference Board Rep |
| | _____ Southeast Conference Board Rep |
| | _____ High Plains Conference Board Rep |
| | _____ Southern Prairie Conference Board Rep |

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 Pages 1 and 2 and return by July 1, 2017 to:

Nebraska Synodical Women's Organization President

Nancy Johnson

12777 A Street

Omaha, NE 68144-4060

For more information, call 402-330-8649 or 402-871-7906

or e-mail at nancy.johnson5@cox.net



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 _____