

Eastern Washington-Idaho Synod
of the Evangelical Lutheran Church in America
Nomination Form

Please return to: office@ewaidsynod.org or 314 S. Spruce, Suite A, Spokane, WA 99201-5823

POSITION NOMINATED:

CONTACT INFORMATION

NAME

MAILING ADDRESS

CITY STATE ZIP

PHONE

EMAIL ADDRESS

CHECK ALL THAT APPLY

- | | |
|---------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> LAY FEMALE | <input type="checkbox"/> LAY MALE |
| <input type="checkbox"/> ROSTERED | <input type="checkbox"/> MULTICULTURAL |
| <input type="checkbox"/> YOUNG ADULT (19-30 YEARS OLD) | <input type="checkbox"/> YOUTH (18 YEARS OLD AND YOUNGER) |

BACKGROUND OF NOMINEE

OCCUPATION:

CONGREGATIONAL MEMBERSHIP:

EDUCATIONAL EXPERIENCE:

CHURCH LEADERSHIP & PARTICIPATION: (INCLUDE ONLY THE LAST 8 YEARS)

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Briefly describe your hopes for your church as congregation, synod, nation and international ministry:

NAME OF NOMINATOR
MAILING ADDRESS
CITY STATE ZIP
PHONE
EMAIL ADDRESS