

Women of the North American Lutheran Church Women's Council Nomination Form

Please Print or Type

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt phone: _____

Email: _____

Congregation: _____

City & State of Congregation: _____

Mission District: _____

Biographical Information and Qualifications:

1. Age Range: 20-35 36-54 55+ (please circle)

2. Occupational History: _____

3. How you serve in your Congregation: _____

4. How you serve the larger church body: _____

5. How you serve in your community: _____

6. Family or other information you would like us to know: _____

Written consent is required for all who are nominated:

(signature)

Mail or email to:

Kim Isiminger
3976 Cheyenne Trail
Martinez, GA 30907

womenofthenalc@gmail.com