***Please take this opportunity to nominate persons for key leadership positions***

**Southwest California Synod**

NOMINATING FORM 2017

***in the Southwest California Synod.***

**NOMINEE BASIC INFORMATION:**

**Return this form by April 28, 2017 to:**

Southwest California Synod Nominating Committee

1300 East Colorado Street

Glendale, CA 91205-1406

FAX: (818) 507-9627

Full Name: (Rev./Deacon/Mr./Ms./Mrs./Miss)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

 *(Street/City/Zip/Email)*

Phone #’s: Home: Cell: Work:

Age *(at time of Assembly)*: Under 18 18-30 31-45 46-65 Over 65

Person of Color *and/or* Primary Language Other than English

**BACKGROUND INFORMATION:**

Occupation and Where Employed:

Congregational Membership:

 *(Church Name and City)*

Conference *(circle one)*: Central Coast – Tehachapi - Channel Islands - Twin Valleys

 Foothill - San Gabriel Valley - LA Metro - South Bay – Gr. Long Beach

Congregational Service *(current and within past 3 years)*:

Community Service *(current and within past 3 years)*:

Synodical Involvement (*current & within past 3 years):*

General Information *(special qualifications, reason for nomination)*:

**POSITION NOMINATED FOR:**

 **Synod Council Vice-President**

 **Synod Council Member-at-Large** *(clergy or lay, male or female.)*

 **Conference Representatives** *(clergy or lay, male or female.)
South Bay, Twin Valleys*

 **Mission and Ministry Endowment Fund Committee**

*(clergy or lay, male or female.)*

I have notified this individual that I am making this nomination: Yes No

**THIS NOMINATION IS SUBMITTED BY:**

Full Name: (Rev./Mr./Ms./Mrs./Miss)

Address:

 *(Street/City/Zip)*