please email form to:

Synod Council Secretary Becky Seibert
at beckyseibert0@gmail.com

Nominee Bio

POSITION: _____ Your Congregation's Conference: _____

NOMINEE INFORMATION

Full Name: _____
First Middle Last

Home Address: _____ City/Zip: _____

Telephone: _____ E-mail: _____

Name of Congregation: _____ City: _____

Member Status: ☐ Lay ☐ Word and Sacrament ☐ Word and Service ☐ SAM

Indicate in the space provided why you are qualified for the position to which your name is being submitted. Please include congregational, synodical, churchwide and/or community service and what particular gifts you possess that you bring to this position and to the Northwestern Ohio Synod: _____

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Signature: _____ Date of Submission: _____