

# 31<sup>st</sup> Annual New Jersey Women of the ELCA Convention

Saturday, September 29, 2018

King of Kings Lutheran Church  
250 Harmony Road  
Middletown, NJ 07748

“Learn to do right. See that justice is done.”

Isaiah 1:17a

## NOMINATION FORM FOR THE 2018 CONVENTION

### SUGGESTED NOMINEE FOR: (please check one)

- Board Member Vice President - 2-Year Term
- Board Member Treasurer - 2-Year Term
- Board Member Secretary - 2-Year Term
- Board Member 2-Year Term
- Board Member 2-Year Term
- Board Member 2-Year Term
- Board Member 2-Year Term
- Board Member 2-Year Term
- Youth Board Member 1-Year Term

*(This form may be duplicated as needed)*

### INFORMATION ABOUT NOMINEE:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

Daytime telephone (\_\_\_\_) \_\_\_\_\_ Evening telephone (\_\_\_\_) \_\_\_\_\_

Congregation/City \_\_\_\_\_ Cluster \_\_\_\_\_

Address of Congregation \_\_\_\_\_

---

*Please list the qualifications, such as formal training and other acquired abilities that would help this person perform the duties for the position checked above.*

**Women of the ELCA** [include congregational or inter-congregational unit, cluster/conference, synodical women’s organization, and churchwide experience].

*(continued on next page)*

**ELCA** [include congregation, cluster/conference, synod, regional, and churchwide experience]

**Ecumenical** [include local, state, national/international organizations]

**Community participation** [indicate offices, volunteer services, other responsibilities for local, state, and national/international organizations]

**Vocational/occupational experience** [full or part-time]

**Age Category** \_\_\_\_\_ 13-19 \_\_\_\_\_ 20-35 \_\_\_\_\_ 36-55 \_\_\_\_\_ over 55

Ethnic/Racial heritage \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ African American \_\_\_\_\_ Black \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Arab/Middle Eastern \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Caucasian \_\_\_\_\_ Other

Other comments: Why do you think this person would be effective in this position?

**Submitted by:**

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Suggested nominee has agreed to accept nomination.

Please complete both sides of this form and submit by **Sept 17, 2018** in order for your suggested nominee to be considered by the nominating committee. Mail completed form to:  
**Charlene Rollins, 244 Brook Avenue, North Plainfield, NJ 07060.**

PLEASE NOTE THAT FLOOR NOMINATIONS WILL BE ACCEPTED.