



NOMINATION FORM

Please print or type

***Save the form as a PDF when using Fill and Print.
Make sure your information is included before closing.***

Today's Date:			
Name (Last)		(First)	(Middle)
Address		City	State ZIP Code
Telephone	Alternate Telephone	E-Mail Address	
Home Congregation			City

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Position:		Term:
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Conference:					
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Clergy	Lay Female	Lay Male	Youth	Young Adult	At-Large
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Why I wish to serve: <i>(Do not exceed this space)</i>

If elected to the above position, I am willing to serve.	
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Candidate's Signature	Date
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Dean's Signature	Date
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This form must be emailed to info@spselca.org along with a high quality digital picture.