

NEW ENGLAND SYNOD NOMINATION FORM 2015
NOMINEE FOR: 2016 Churchwide Assembly in New Orleans, LA August 8-13, 2016

PLEASE PROVIDE ANSWERS TO ALL QUESTIONS

CATEGORY: _____

FIRST NAME: _____ MIDDLE NAME _____ LAST NAME _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

PHONE NUMBERS (WITH AREA CODES) WORK: _____ HOME: _____ CELL: _____

BEST EMAIL ADDRESS: _____

CONGREGATION: _____ NAME OF PASTOR: _____

CITY/STATE OF CONGREGATION: _____

OCCUPATION (OR INDICATE IF RETIRED): _____

DESCRIBE CONGREGATIONAL INVOLVEMENT: _____

DESCRIBE COMMUNITY INVOLVEMENT: _____

EXPERTISE/SKILLS: _____

INDICATE WHY YOU WANT TO ATTEND CHURCHWIDE ASSEMBLY: _____

GENDER: _____ DATE OF BIRTH (DD/MM/YYYY): _____ PRIMARY LANGUAGE: _____

ETHNICITY: _____ ARE YOU A PERSON OF COLOR? (YES/NO): _____

CLERGY? (YES/NO): _____ LAY OR LAY ROSTERED LEADER? (YES/NO): _____

WOULD THIS BE YOUR FIRST TIME ATTENDING A CHURCHWIDE ASSEMBLY? (YES/NO): _____

Return form with a quality digital photograph **before March 1, 2015**, to:

New England Synod
20 Upland Street
Worcester, MA 01607-1624
or email to
blamson@nesynod.org
or fax to 508-797-9295