SOUTHEASTERN SYNOD WOMEN OF THE ELCA
2026 BOARD NOMINATION FORM

Check the position below in which the nominee is willing to serve. The individual nominated must consent to serve if elected. All board positions are for a two-year term.

_____ Vice President

_____ Secretary

_____ Board Member

Name_____

Address_____

City_____ **State** _____**Zip Code** _____

Telephone home (_____)_____**cell/other (_____)**_____

email _____

Please list any positions held and most significant experience or service in each area over the last five years. (For example, president of your congregational unit, community service volunteer at homeless shelter, etc.)

Congregational Level _____

_____

Cluster Level_____

_____

Synodical Level_____

_____

Churchwide Level_____

_____

Community Service_____

_____

Occupation_____

_____

Age Range (*Optional)

_____**35 years or under** _____**50-64**

_____**36-49** _____**65 or over**

Ethnic/Racial Heritage (*Optional) _____**Hispanic**

_____**Caucasian** _____**Native American**

_____**African American** _____**Asian American**

Primary language if other than English (*Optional) _____

Name and Cluster Number_____

Name and address of congregation_____

_____

In your own words, explain why you have allowed your name to be placed in nomination for this position.

_____

_____

_____

_____

_____

*Information from these categories ensures that we are in line with churchwide policies concerning inclusivity and in no way is intended to offend.

Please send this completed form along with a photo of the nominee to welcanominating@gmail.com.

(This section is to be completed by the participant nominating this person)

Name _____

Address _____

_____

Telephone (____)_____**email**_____

Name and address of congregation _____

Signature_____