



NOMINATION FOR TRIENNIAL VOTING MEMBER
CENTRAL STATES SYNODICAL ORGANIZATION
WOMEN OF THE ELCA

Four positions are available

- One will preferably be a person of color or have a primary language other than English
- One will preferably be a first-time attendee
- Consideration will be given to varying geographical locations, age groups, diversity of experience, including living with a disability

The Central States synodical president will be a voting member by virtue of the office. Thus, there will be a total of five voting members from the Central States Synodical Organization.

- † Each congregational unit is allowed one nomination for triennial voting member.
- † There will be no nominations from the floor.
- † The election procedure used is, as recommended by the churchwide organization, known as 'a rank order' process.
- † This nomination form must be signed by a leader (president, cluster leader, synodical officer or board member) from the nominee's congregational unit.
- † No nominations will be accepted after the postmark deadline of June 1, 2022.

Please check all of the following that apply to the nominee:

The nominee:

- | | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> is a person of color | <input type="checkbox"/> is active in a W/ELCA congregational unit | <input type="checkbox"/> is in the age group of 18-40 |
| <input type="checkbox"/> is a person whose primary language is NOT English | <input type="checkbox"/> strives to participate in a congregational unit, if unit not available | <input type="checkbox"/> is in the age group of 41-60 |
| <input type="checkbox"/> is a voting member of an ELCA congregation | <input type="checkbox"/> has never attended a triennial convention or gathering | <input type="checkbox"/> is in the age group of over 60 |

Name _____

Address _____ City _____ State & Zip _____

Preferred Phone Number _____ e-mail address _____

Name of Congregation _____ City & State _____

(continued on next page)

TRIENNIAL VOTING MEMBER NOMINATION

(Continued)

Please list experience (beginning with the most recent, list significant experience in each area over the most recent ten years). Add additional sheets if needed.

Occupational History

Leadership/Participation in congregation women’s programs/activities

Leadership/Participation in congregation

Leadership/Participation in Central States Synod or ELCA programs/activities

Other organization affiliations (community, state, national)

What is your motivation to be voting member at the triennial convention in 2023?

_____ (signature is required to be a valid nomination)

Signature of President/Coordinator/Leader of nominee’s congregational unit (NOTE: if no active congregational unit, signature of pastor)

Complete both pages of this form and return by June 1, 2022 to the Nomination Committee:

Alice Burnett, 12130 Dove Hill Court, Derby, KS 67037-9485. kaburnett@cox.net

If you have questions contact Alice, preferably by text or phone at 316-258-7685