

2024 NOMINEE APPLICATION FORM

(Please include a photo of the nominee)

Email completed Nominee Application Form and digital photo to: assembly@neos-elca.org

Nominee For: _____

Name: _____
(first) (middle) (last)

Address: _____
(street) (city) (state) (zip code)

E-mail Address: _____ Occupation (current or past): _____

Phone (please indicate cell or home): _____ Cell Landline

Congregation: _____
(congregation name) (congregation city)

ELCA Member (check one): Yes No Pastor's Name: _____
(for lay nominees only)

Conference (check one): Northeast Northwest South Central Southeast Southwest

Demographic Information (check all that apply): Male Female Non-Binary Clergy Deacon
 Lay BIPOC LGBTQIA+ Primary Language not English

Age: 31+ Young Adult (18-30): _____ Youth (13-17): _____
(Date of Birth) (Date of Birth)

List no more than three areas of synod service. Indicate **current** service by checking the box.

- _____
- _____
- _____

List no more than three areas of congregational service. Indicate **current** service by checking the box.

- _____
- _____
- _____

List no more than three areas of community service. Indicate **current** service by checking the box.

- _____
- _____
- _____

Complete the sentence; My main interest in the church is ...

Has the nominee been contacted and consented to be nominated? Yes No

Referred by or Submitted by (Self-nominations must have a referral): _____

Phone (primary): _____ (work): _____

Address: _____

Congregation (name): _____ (city): _____