

# Eastern Washington-Idaho Synod

*Of the Evangelical Lutheran Church in America*

## Nomination Form 2017

Nominations are due to the Synod Office March 21, 2017

Please submit to: office@ewaidsynod.org or 314 S. Spruce, Suite A Spokane, WA 99201

**Name of Nominee:**

**Position nominated:**

**Nominee Contact Information:**

**Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:**

**Email:**

**Check all that apply**

**Lay Female**

**Lay Male**

**Rostered**

**Person of color or language not English**

**Young Adult (19-30 years of age)**

**Primary language:**

**Youth (18 years old and younger)**

**Congregation:**

**City & State:**

**Occupation:**

**Briefly describe gifts and skills of nominee:**

**Nomination submitted by:**

**Name:**

**Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email address:**

**Phone:**

**Nominee has been contacted and has agreed to the nomination:**      **Yes**                      **No**