

**INDIANA-KENTUCKY SYNOD
2009 NOMINATION FORM**

ELECTED POSITION: _____

NAME: _____

Print or Type Full Name

ADDRESS: _____

Street Address

City State Zip Code

PHONE: _____

Home Work

FAX E-mail Address

INFORMATION ON NOMINEE (PLEASE DO NOT ABBREVIATE):

Occupation: _____

Congregation Membership: _____

Congregation City Conference

CURRENT Congregation Service: _____

CURRENT Community Service: _____

CURRENT Conference/Synod/ELCA Service: _____

List specific gifts or talents you think you would bring to this position (50 words maximum):

Nomination submitted by: _____ **Phone:** _____

If submitted by other than the nominee, has nominee agreed to serve? Yes _____ No _____

Due Date: April 10, 2009

NOTE: Lay synod council positions are elected at the conference spring assemblies.

Form should be sent immediately after conference assembly to the synod secretary.

Send to: Pr. Jim Swanson, 7232 Magoun Ave. Hammond, IN 46324-2225 (219) 844-452

Email: mwsansoncoug@hotmail.com.