

Indiana-Kentucky Synodical Women's Organization
2017 Nomination Form

Check below the position for which the person is being suggested for consideration. Each position is for a two-year term.

President *Vice-President* *Secretary* *Treasurer* *Board Member*

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____; Evening/alternate/cell phone number (____) _____

Email (print clearly in lowercase) _____

Name of Congregation _____

Address _____

City _____ State _____ Zip Code _____

Cluster/Conference _____

Age Range: 34 or younger 35-49 50-64 65 or older

Ethnic/Racial Heritage: Native American African American Asian

Hispanic Caucasian Other (specify): _____

Primary language (if other than English) _____

Has this person agreed to have her name considered for nomination?

In your own words, explain why you recommend this woman for the above position.

Form submitted by:

Name _____

Position _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Congregation _____ Cluster/Conference _____

Experience: (Beginning with most recent, list significant experience in the last ten years.)

1. Congregational Unit Women's Organization _____

2. Cluster/Synodical or Churchwide Women's Organization _____

3. Congregation _____

4. Conference/Synod/Churchwide _____

5. Community Organizations/Volunteering _____

6. Other (please specify) _____

7. Occupational History _____

Please submit a photo of the nominee and mail by August 1, 2017 to:

Kathy Coleman, SWO Board Secretary

68755 US Highway 31

Lakeville IN 46536

You may also email both the form and the photo to: kacoleman@alumni.iu.edu