



# FLORIDA-BAHAMAS SYNOD NOMINATION FORM - FLOOR NOMINATIONS

**\*\*\*DO NOT submit electronically - must be turned in at Synod Assembly\*\*\***

***This form must be turned in to the Secretary at the time of nomination or by deadline established by Bishop. Late submissions will not appear on the ballot***

**PLEASE PRINT**

Position Nominated For / Mission District: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Member of Congregation Name / City: \_\_\_\_\_ Conference: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Occupation: \_\_\_\_\_

Male  Female Birth Year: \_\_\_\_\_

Category:  Lay  Clergy  PCLE (Person of color or language other than English)

Youth (15 - 17 years old)  Young Adult (18 - 30 years old)

Occupation & education experience (< 50 words):

Church leadership, participation (< 50 words):

List specific gifts or talents you would bring to the position (< 50 words):

Person making nomination: \_\_\_\_\_ Email: \_\_\_\_\_

Consent of person being nominated: \_\_\_\_\_