

Rocky Mountain Synodical Women's Organization  
Women of the ELCA  
DELEGATE NOMINATION FORM TO THE TRIENNIAL CONVENTION  
Spokane Washington, July 14 -17, 2011

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail: \_\_\_\_\_

Congregation: \_\_\_\_\_

Address of Church: \_\_\_\_\_

Cluster: \_\_\_\_\_

Age Range:        \_\_\_\_\_ 34 or under        \_\_\_\_\_ 35-49        \_\_\_\_\_ 50-65        \_\_\_\_\_ 65 or over

If you are a woman of color, to which category do you belong (*as defined by the ELCA*)?

\_\_\_\_\_ African American        \_\_\_\_\_ Asian        \_\_\_\_\_ Black        \_\_\_\_\_ Arab and Middle Eastern

\_\_\_\_\_ Hispanic        \_\_\_\_\_ American Indian and Alaska Native        \_\_\_\_\_ Other

If you speak English as a second language, what is your primary language?

Are you a woman with disabilities? \_\_\_\_\_

---

The term "disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual.

\_\_\_\_\_ I have never attended a Women of the ELCA Triennial Convention.

**Please complete other side of this form and return by:**  
**April 30th 2010**  
To:

**Only one nominee per congregation/intercongregational unit may be nominated for triennial delegate.**

**Only names submitted on this form to the Nominating Committee by the deadline above are eligible to be nominated from the floor if not place on ballot.**

EXPERIENCE: Please indicate up to three experiences, offices, and/or other responsibilities over the last five years for the following:

A. WOMEN OF THE ELCA (Include congregational unit, cluster, Synodical women's organization, churchwide women's organization)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

B. ELCA (Include congregation, cluster / conference, synod, churchwide)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

C. ECUMENICAL (Include local, state, national and international organizations)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

D. COMMUNITY PARTICIPATION (Please indicate offices, volunteer services and / or responsibilities for local, state, national and international organizations.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

E. VOCATION / OCCUPATION (Include full or part-time) \_\_\_\_\_  
\_\_\_\_\_

Why would you like to serve as a Triennial Convention Delegate?

Form submitted by: \_\_\_\_\_

Congregation: \_\_\_\_\_

Address of Church: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

I am willing to have my name placed in nomination. \_\_\_\_\_

*(Signature of Nominee)*

**You must have the permission of the nominee before submitting the form.**