

Michigan District NOMINATION RESPONSE FORM

Date: _____

You have been nominated for _____

Do you accept this nomination? _____ Yes _____ No (If yes, please complete this form)

Full Name _____

Address/City/State/Zip _____

Phone: (include area code) Home _____ Office _____

Email: _____

Home Congregation: _____

(Name & Location)

Circuit Name/No. _____ Region _____

Age _____ Occupation _____

Education: HS _____ College _____ Professional School _____

Additional Training & Specialization

If presently serving in an elected District position, indicate which

Positions held in Circuit

Positions held in District/Synod

Positions held in Church related organizations

Political, Civic, Community

Other pertinent information

Please include photo if mailed in or email photo to laurie.brown@michigandistrict.org

Please return this form ASAP to:

Nominations Committee
Rev Robert Appold, St Matthew Lutheran Church
5125 Cascade Rd SE, Grand Rapids, MI 49546
Email: rappold@stmatthewgr.com