

WOMEN OF THE NORTH AMERICAN LUTHERAN CHURCH 2018 WOMEN'S COUNCIL NOMINATION FORM

Please Print or Type

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt phone: _____

Email: _____

Congregation: _____

City & State of Congregation: _____

Mission District: _____

Biographical Information and Qualifications:

1. Age Range: 20-35 36-54 55+ (please circle)

2. Occupational History: _____

3. How you serve in your Congregation: _____

4. How do you serve the larger church body: _____

5. How do you serve in your community: _____

6. Family or other information you would like us to know: _____

Written Consent is required for all who are nominated

(signature)

Mail or email to:

Pat Dittrich

PO Box 341

Orchard, TX 77464

pdittrich.wnalc@gmail.com