

NOMINATION FORM
English District Lutheran Women's Missionary League

FOR: _____

(Position-Office, Committee)

NAME: _____

(First-Middle-Last Name)

(If Married, Husband's Name)

(Street Address)

(City)

(State)

(Zip Code)

TELEPHONE NO. _____

EMAIL _____

LWML ZONE _____

NAME OF CHURCH _____

CHURCH ADDRESS _____

(Street)

(City)

(State)

(Zip Code)

LWML POSITIONS HELD: _____

SOCIETY: _____

ZONE: _____

DISTRICT: _____

CHURCH POSITIONS HELD: _____

COMMUNITY POSITIONS HELD: _____

SUBMITTED BY: _____

(Name)

(Street Address)

(City)

(State)

(Zip Code)

(Telephone)

Return completed form to Nominating Committee Chairman

Deadline: November 1, 2009