



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: Layperson Rostered Minister PCLE (Person of Color or language other than English)

Youth (15 -17 yrs. old) Young Adult (18 -30 yrs. old)

Education (< 50 words):

Service Experience (< 50 words):

Current or past congregational or synod roles (< 50 words):

Person making nomination: _____ Email: _____

Consent of person being nominated: _____

Consent may be emailed to Elections Chair by announced deadline if nominee is not present at Assembly: tracymoffatt@aol.com