



FLOOR NOMINATION INFORMATION SHEET

PLEASE PRINT CLEARLY

Position Nominated For: _____ Mission District: _____

Title: _____ First name: _____ Last Name: _____

Member of Congregation Name: _____ City: _____

Conference: _____ Cell Phone: _____ Email: _____

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

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

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

Person making Nomination: _____ Cell Phone: _____

THIS FORM MUST BE TURNED IN TO SECRETARY AT TIME OF NOMINATION

Florida Bahamas Synod Nomination Form must also be completed and turned into Secretary by announced deadline for nominee's name to be included on ballot



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