



## 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](mailto: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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