



Florida Bahamas Synodical Women's Organization Triennial Voting Member Nomination Form

The Florida-Bahamas SWO Constitution and Bylaws, Article 6, Section 6, Item 1 states "Nominations for voting members to the Triennial Convention shall be made by congregational, intercongregational, or special units. Each unit shall submit the name of only one of its participants."

Voting Member Information

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell phone: _____

Email Address: _____

Congregation/Conference: _____

Church Address: _____

Triennial Voting Members must be able to attend the Triennial Convention from _____ to _____ in _____. The voting member will receive a travel and expense allowance. Personal costs will be minimal.

Other Personal Information

Age Category	Ethnic Background	Primary Language
<input type="checkbox"/> 20-29	<input type="checkbox"/> Asian	<input type="checkbox"/> English
<input type="checkbox"/> 30-39	<input type="checkbox"/> Black	<input type="checkbox"/> Spanish
<input type="checkbox"/> 40-49	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> 50-64	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> 65 & over	<input type="checkbox"/> Native American	

Previous Triennial Attendance

Has the nominee served as the Triennial Voting Member in the past?

No Yes (If yes, then please when and for which SWO).

Florida Bahamas Synodical Women's Organization

Triennial Voting Member Nomination Form (continued)

Qualifications and Experience

Please indicate those qualifications and experiences you feel would help this nominee in performing the duties of a voting member, such as training, experiences in the Women of the ELCA, community participation and vocational/occupational experience.

# of years	Office/Position held	Unit, Conference, Synodical, Churchwide, Community, Occupational

Additional Comments

Please add any other information that you feel would be helpful and relevant.

Submitted by Congregational Unit Leader(s)

Name (printed): _____

Date: _____

Signature: _____

Concur (Pastor) Signature: _____

Date: _____

Please submit this form to the Nominating Committee.

PLEASE COMPLETE BOTH SIDES OF THIS FORM