



Metropolitan Washington, D.C. Synod Evangelical Lutheran Church in America

God's work. Our hands.

2017 Metropolitan Washington, D.C. Synod Assembly

NOMINEE RECOMMENDATION FORM*

Recommended for the position of:

*Recommended nominee:
(Title, First Name, Middle Initial, Last Name)

Recommended nominee is a member of:
(Name of congregation, City, ST)

Contact information for recommended nominee:

(Home address: Street Number, City, ST, Zip Code)

(Home phone number)

(Work phone number)

(Cell phone number)

(Email address)

Has the recommended nominee agreed to this nomination: Yes No

Person recommending this nomination:
(Title, First Name, Middle Initial, Last Name)

Person recommending is a member of:
(Name of congregation, City, ST)

Contact information for person recommending this nomination:

(Home address: Street Number, City, ST, Zip Code)

(Home phone number)

(Work phone number)

(Email address)

***Submit by May 15, 2017 along with a Candidate Information Form completed by the nominee and photo. Send to the Rev. Albert Triolo, Nominations Committee Chair, at atriolo@stmarks-elca.org.**