

**DATE:**

Name and Contact information for person completing form:

**NAME:**

**PHONE:**

**EMAIL:**

**Name of Organization:**

**Name of Current President:**

*(Or Church School Co-Superintendent)*

**Elections for Conference Year:**

**Requested Date of Election:**

**Requested Time of Election:**

OFFICE/POSITION	1 <sup>ST</sup> NOMINEE	2 <sup>ND</sup> NOMINEE
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.
11.	11.	11.

OFFICE/POSITION	1 <sup>ST</sup> NOMINEE	2 <sup>ND</sup> NOMINEE
12.	12.	12.
13.	13.	13.
14.	14.	14.
15.	15.	15.
16.	16.	16.
17.	17.	17.
18.	18.	18.
19.	19.	19.
20.	20.	20.

**Respectfully submitted by the Nominating Committee:**

**Chair:**

**Co-Chair:**

**Daytime Contact Number:**

**Daytime Contact Number:**

**Email Address:**

**Email Address:**

**Co-Chair:**

**Co-Chair:**

**Daytime Contact Number:**

**Daytime Contact Number:**

**Email Address:**

**Email Address:**