NOMINATION FORM

**CRC Denominational Board**

**STATED CLERK, please complete and submit to address at end of this form. Thank you!**

1. This nomination is being submitted for the following denominational board:

 Calvin College  Calvin Theological Seminary

1. Name of nominee:

Address:

(City) (Province/State) (Postal/Zip Code)

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office phone:

Local church membership:

1. What strengths does the nominee bring to this board position?

1. Has the nominee indicated willingness and availability to serve?
2. Comments about the nominee:

Clerk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classis:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Please return this form by November 15 to:**

**Ms. Dee Recker, Director of Synodical Services**

**Christian Reformed Church in North America**

**1700 28th St. SE**

**Grand Rapids, MI 49508**

**Email:** [**drecker@crcna.org**](mailto:drecker@crcna.org)

**Fax: (616)224-5895**