**NOMINATION FORM**

**for Adviser to Synod**

**To be completed by Nominee:**

Select one:  Ethnic Adviser  Woman Adviser  Young Adult Representative

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title) (First) (M.I.) (Last)

Address:

 (Street)

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

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone:

Email:

1. Age: \_\_\_\_\_\_\_\_\_ Ethnic heritage:
2. Academic field or occupation:
3. Involvement in denominational, local church, or community organizations:

1. Share what most interests you about being an adviser to synod:

1. Local church membership: CRC in
2. Circle the areas of the work of synod that interest you:

Synodical Services (Polity Matters), Church Order and Synodical Matters, Education and Candidacy, Congregational Support Ministry, Global Mission and Ministry, Financial Matters, Interdenominational Matters

**Please return this form by January 15, 2016 to:**

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

**Christian Reformed Church in North America**

**1700 28th St. SE**

**Grand Rapids, MI 49508**

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

**Email:** **drecker@crcna.org**