NOMINATION FORM

**Young Adult Representatives/Ethnic Advisers to Synod**

**To be completed by CRC Council Representative or Pastor:**

The following person is nominated as: □ Young Adult Representative □ Ethnic Adviser

1. Name of nominee:

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

Address:

(Street)

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

Primary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Age: \_\_\_\_\_\_\_\_\_ Ethnic heritage:

2. What strengths does the nominee bring to this advisory position?

3. Has the nominee indicated willingness and availability to serve? □ Yes □ No

4. Additional comments about the nominee:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representing:

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

**Please return this form by January 15, 2020 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**](mailto:drecker@crcna.org)