**NOMINATION FORM**

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

**To be completed by Nominee:**

I am nominated to as: □ Young Adult Representative □ Ethnic Adviser

1. Name:

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

Address:

 (Street)

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

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

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

1. Share what interests you about serving as a young adult rep or ethnic adviser to synod:

1. Local church membership: CRC in
2. Circle the areas of interest in the work of synod’s advisory committees:

Synodical Services (Polity Matters), Church Order and Appeals, Education and Candidacy, Congregational Ministries, Global Mission and Ministry, Financial Matters, Interdenominational Matters, Study Committees

**Please return this form by January 15, 2023 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**