NOMINATION FORM

for Young Adult Representative to Synod

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

1. Name of nominee:

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

Address:

(Street)

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:

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:

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)