**NOMINATION FORM**

**for Young Adult Representative to Synod**

**To be completed by Nominee:**

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 serving as an 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 Synodical Matters, Education and Candidacy, Congregational Services Ministry, Global Mission and Ministry, Financial Matters, Interdenominational Matters, Study Committees

**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)