Pacifica Women of the ELCA

Nominee for:



Treasurer Board Member

NOMINATION FORM

Last Name		First Name	Middle Initia
Address			
Str	eet & Number	City, State	Zip Code
Home/Cell Phone: (_)	Work Phone ()	
E-mail address			
Address of Church _			
If you are nominating	g someone other than yours	self:	
		run for the office indicated?	
o Wl	nat is your name?		
	Address?		
	Phone?		

The nominating committee will send a letter of call and a form for further information if the nominee agrees to have her name placed on a ballot.

PLEASE RETURN FORM TO:

Susan Connors, Nominations Chair 698 Felino Way Chula Vista CA 91910 619-972-1795 s.connors1@cox.net