**Western Iowa Synod ELCA**

**2023 Nomination Biography**

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| --- | --- |
|  | (Enter your information in the spaces below) |
| Position Nominated for: |  |
| My conference: |  |
| My name (first, middle initial, last): |  |
| My congregation: |  |
| Congregation’s town/city: |  |

Please use this space to highlight your experience (professional or work experience, congregational responsibilities, and community involvement) in relationship to the position you are nominated to serve:

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|  |

Please use this space to share what motivates your interest and your desire to serve the position to which you have been nominated.

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|  |

This information is needed for database use only. It will not be published.

|  |  |
| --- | --- |
| Mailing address: |  |
| City, State, Zip: | |
| Preferred Telephone: | |
| Preferred email address: | |

Please email a digital copy of this form to [dagna.simmons@wisynod.org](mailto:dagna.simmons@wisynod.org). Forms submitted by

March 15, 2023 will be posted on the Nominations 2023 Assembly webpage.