

The Presbytery of Detroit Endorsement Nomination Form

TYPE OR PRINT LEGIBLY YOUR NAME OR THE NAME OF A PERSON WITH WHOM YOU HAVE HAD A CONSULTATION AND WHO IS WILLING SO SERVE, IF NOMINATED AND ELECTED.

Nominee's name: _____ Date: _____

Endorse for (Committee or Team) _____

Nominee's address: _____ Apt # _____

City: _____ Zip Code _____

Preferred Phone: (____) _____

E-mail Address: _____

Occupation or Occupation before retirement: _____

Church name: _____

Church address: _____

Prior or current service to Congregation, Presbytery, Synod or GA (if known) _____

Special expertise/skills: _____

Preferred Time of Meetings: Morning _____ Afternoon _____ Evening _____

The following is needed to ensure inclusiveness:

Male _____ Female _____ Minister _____ Elder _____ Other _____

Racial ethnic identification: African American _____ Asian _____ Hispanic _____

White _____ Other _____

Age: Under 35 _____ 35-55 _____ 55+ _____

Name of Endorser: _____ Phone: (____) _____

PLEASE RETURN THIS FORM TO:
The Committee on Nominations
The Presbytery of Detroit, 17575 Hubbell, Detroit, MI 48235