

**Western Iowa Synod ELCA
Nominee Biography
Elections**

(position and conference) _____

Legal name: _____
(please include middle initial)

Congregation: _____ Town: _____

Please use this space to highlight recent experience (congregational responsibilities, community involvement) related to the position you have been nominated for:

Optional question: Why have you accepted this nomination?

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 It will not be published.

Mailing address	
City, State, Zip	
Preferred telephone	
Preferred e-mail address	

Please complete this form and return it to:
Western Iowa Synod ELCA
Attn: Nominations
PO Box 577
Storm Lake IA 50588
Email: wisps@wisynod.org