



BISHOP CANDIDATE NOMINATION FORM

This form is to be completed by the congregation making the nomination.

Name of Candidate: _____

Candidate's Street Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Email Address: _____

Phone: Home _____ Work _____ Cell _____

Congregation making nomination: _____

Street Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

What experience within the body of Christ does the candidate have that would be beneficial for serving as Bishop of the NALC?

What spiritual gifts and skills does this pastor have that would be beneficial for serving as Bishop?

This person has been contacted and will serve if elected: Yes _____ No _____

Signature of Congregational President: _____

Name: _____ Date: _____

Phone: _____ Email Address: _____

Please email completed form to nominations@thenalc.org (preferred method).

Or mail to: Nominations Committee
Mr. Marc Voigt, chair
4060 River Branch Ln
Pfafftown, NC 27040-8413