

NOMINATION FORM

Positions to be elected or appointed April, 2019.

NAME _____ PHONE _____ EMAIL _____

ADDRESS _____

CHURCH (and City) _____

Position(s) suggested:

Qualifications for the(se) area(s):

* * * * *

NAME _____ PHONE _____ EMAIL _____

ADDRESS _____

CHURCH (and City) _____

Position(s) suggested:

Qualifications for the(se) area(s):

* * * * *

Signature of person submitting nomination(s) _____

Church Affiliation of Nominator _____

PLEASE RETURN THE NOMINATION FORM BY MARCH 15, 2019 TO:

Northwest Ohio Association, 416 Wentz Street, Tiffin, OH 44883

Or by emailing Joan Davidson joan@nwoa.org