

**CANDIDATE SUGGESTIONS**

**DEADLINE FOR CANDIDATE SUGGESTIONS: October 31, \_\_\_\_\_**

**MAIL THIS CANDIDATE SUGGESTION FORM TO:**

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**Vice President of Gospel Outreach and Mission Grants (4 year term)**

- Name \_\_\_\_\_ ( ) Ability to speak well.
- Address \_\_\_\_\_ ( ) Ability to organize.
- City/Zip \_\_\_\_\_ ( ) Knowledge of parliamentary procedure.
- Phone \_\_\_\_\_ ( ) Able to attend meetings and give reasonable amount of time to office.
- Church Member at \_\_\_\_\_ ( ) Basic computer skills

Additional Comments \_\_\_\_\_

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**Recording Secretary (4 year term)**

- Name \_\_\_\_\_ ( ) Ability to record the proceedings of the various meetings of the district League and of the Convention.
- Address \_\_\_\_\_ ( ) Accessibility to office machines and have the knowledge of their use.
- City/Zip \_\_\_\_\_ ( ) Able to attend meetings and give reasonable amount of time to office.
- Phone \_\_\_\_\_
- Church Member at \_\_\_\_\_

Additional Comments \_\_\_\_\_

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Please check those qualifications which apply to the suggested candidate. Under "additional comments" list past experience in local, zone and district offices/committee work. All candidates chosen will be contacted before her/his name is placed on the ballot.

**Corresponding Secretary (4 year term)**

Name \_\_\_\_\_ ( ) Ability to communicate through written, accurate correspondence.  
Address \_\_\_\_\_ ( ) Accessibility to office machines and have the knowledge of their use.  
City/Zip \_\_\_\_\_ ( ) Able to attend meetings and give reasonable amount of time to office.  
Phone \_\_\_\_\_  
Church Member at \_\_\_\_\_  
Additional Comments \_\_\_\_\_

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**Treasurer (4 year term)**

Name \_\_\_\_\_ ( ) Ability to maintain accurate record keeping of all disbursements  
Address \_\_\_\_\_ ( ) Able to submit written financial reports to the Board of Directors and at annual convention.  
City/Zip \_\_\_\_\_ ( ) Able to attend meetings and give reasonable amount of time to office.  
Phone \_\_\_\_\_  
Church Member at \_\_\_\_\_  
Additional Comments \_\_\_\_\_

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**Counselor (4 year term)**

Name \_\_\_\_\_ ( ) Pastor of the CID-LCMS serving in the parish ministry  
Address \_\_\_\_\_ ( ) Interested in promoting the objectives of the LWML and serving the League in an advisory capacity  
City/Zip \_\_\_\_\_ ( ) Able to attend Board of Directors and Executive Committee meetings, rallies, and district conventions and give reasonable amount of time to office.  
Phone \_\_\_\_\_  
Pastor of Church at \_\_\_\_\_  
Additional Comments \_\_\_\_\_

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**Thank you for “Serving the Lord with Gladness.”**