



## NLS Nominee Information Form

Your Name \_\_\_\_\_ Nominated for \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone Nos. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_ (Fax) \_\_\_\_\_

Home Secretariat \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Weekend Made (please include year) \_\_\_\_\_ Are you active in a reunion group? \_\_\_\_\_

Your experience on behalf of the NLS in attending and working:

Your experience in your local Secretariat, including positions held:

Occupation / Family information:

Your experience in your local church:

Experience which would help you in the position for which you have been nominated:

Special interests:

Signature: \_\_\_\_\_ Date \_\_\_\_\_