

# ZONE YOUNG WOMAN REPRESENTATIVE NOMINEE

Lutheran Women's Missionary League Texas District

## **INFORMATION FORM**

*(to be completed by zone YWR, with pastor's & group president's signatures)*

\_\_\_\_\_ **ZONE**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE home (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

ARE YOU ON FACEBOOK? Yes No

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ FAMILY STATUS Single\_\_ Married \_\_\_\_

HOME CONGREGATION \_\_\_\_\_

CITY \_\_\_\_\_ PASTOR \_\_\_\_\_

LWML GROUP OF NOMINEE \_\_\_\_\_

BIOGRAPHICAL SKETCH: Include education, hobbies and interests, program involvement in church and community.

PERSONAL STATEMENT: Briefly complete: I would like to be a Young Woman Representative for my zone because . . .

**Signatures:**

*By signing this form, I am submitting my name as Zone Young Woman Representative, and I am willing to follow the guidelines as presented.*

ZYWR NOMINEE \_\_\_\_\_

*By signing this form, I am stating that the nominee above is an active member of an LCMS congregation.*

HOME CONGREGATION PASTOR \_\_\_\_\_

*By signing this form, I am stating, as the group president, that the nominee above is to be considered as the zone's Young Woman Representative for the upcoming district convention.*

GROUP PRESIDENT \_\_\_\_\_

**COMPLETE THE FORM AND SUBMIT TO YOUR ZONE PRESIDENT BY \_\_\_\_\_**

TO BE COMPLETED BY ZONE PRESIDENT AFTER THE ZONE EXECUTIVE COMMITTEE HAS MADE A SELECTION FOR THE ZYWR(s).

*By signing this form, I am stating, as the zone president, that the nominee above is the zone Young Woman Representative for the upcoming district convention.*

ZONE PRESIDENT \_\_\_\_\_

***This form is to be sent to the District Committee on Young Women Chairman (youngwomanrep@lwmltxdist.org) by March 1, even-numbered years. The zone should retain a copy for their files.***