



# Episcopal Church Women

## Province III

### Nomination for Province ECW Board Position

Name of Nominee: \_\_\_\_\_

Nominee Information:

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parish and City: \_\_\_\_\_

Deanery: \_\_\_\_\_

Parish Offices Held:

\_\_\_\_\_  
\_\_\_\_\_

Diocesan Offices Held: \_\_\_\_\_

\_\_\_\_\_

Nominated Office: Secretary

Does the Nominee agree to be nominated for this office?

Name of Person Submitting the Nomination: \_\_\_\_\_

Additional Information:

*Please attach a brief biography including information you believe will help us to know the candidate better such as volunteer experience, educational background, and work experience*

***Thank You!***