



Nomination form for Executive Committee Members

Mission of POAMN: is to educate and equip leadership and aging congregations to promote and engage in activity, wellness, care, and social involvement.

Please Print or Type Date: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: Home _____ Cell _____

Email: _____

Church: _____

Presbytery _____ Synod _____

- Positions held in the Presbyterian Church & other organizations (use back of form if needed)

- Skills & Abilities

- Additional Information

Position(s) in which interested in serving: President _____ Vice President _____ GA Liaison _____

Secretary _____ Treasurer _____ Member at Large _____

Planning Conference Co-Chair _____ Nominating Committee Chair _____

_____ Self Nominated _____ Nominated by Someone Else _____ Have permission from nominee

Submitted by: _____ Telephone _____

Email _____ @ _____

Send To: POAMN Nominating Committee

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