



WOMEN'S MISSIONARY COUNCIL CHRISTIAN METHODIST EPISCOPAL CHURCH

NOMINATION FORM

Dr. Princess Pegues
Council President

Bishop James B. Walker
Patron Bishop

- A Candidate shall be listed under one position only
- See Article V: Requirements, Nominations, Elections, Terms of Office in the Constitution and Bylaws of the Women's Missionary Council as a reference.

(Please print or type requested information)

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Email Address _____

Position Sought _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From _____ To: _____ Did you graduate? YES NO Degree: _____

Position(s) Held and Dates:

Local _____

District _____

Region _____

Council _____

Attach a brief profile of your training, special skills and experience for the position that you are seeking. A profile must be submitted with this application. Please state the number of years served on the Local, District and Regional level, include Council positions held also.

Applicant's Signature _____ Date _____

Region President _____

- Local Pastor and Church _____

- Region _____



DO NOT WRITE BELOW THIS LINE.

Please return completed form no later than March 1, 2019 to:

**Mrs. Gladys M. Brown
6586 Sapphire Dr.
Jacksonville, FL 32208**

Date Received _____

