

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.