** WOMEN’S MISSIONARY COUNCIL**

**CHRISTIAN METHODIST EPISCOPAL CHURCH**

**NOMINATION FORM**

**Dr. Jacqueline I. Scott, International President**

**Bishop Charley Hames, Jr., 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 |
| 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 Church and Pastor |
| Region |

**DO NOT WRITE BELOW THIS LINE**

Please return completed form no later than March 1, 2023 to:

Mrs. Janice Baker Taylor, 200 Lone Oak Lane |Sibley, LA |70173 Email: **jaguarsu2178@aol.com**

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_