Nomination for Salem Presbytery Committees and Commissions

For the use of the Committee on Representation

Date: _____

Nominee Information:

Name of Nominee: _____

Telephone: _____

Mailing Address: _____

_____

E-mail: _____

Church: _____

Status: ___ Teaching Elder/Clergy ___ Ruling Elder ___ Deacon ___ Church Member

Committee of interest: _____

Briefly state relative experiences:

Nominator Information:

Recommended by: _____

Telephone: _____

E-mail: _____

Please return form to:

Salem Presbytery, P.O. Box 1763, Clemmons, NC 27012;

Fax: 336-766-7153; office@salempresbytery.org