Nominations for Salem Presbytery Committees

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

office@salempresbytery.org