



**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