

NOMINATION FORM
The Episcopal Diocese of Fort Worth
The 34th Annual Diocesan Convention • 2016

Nominee's Name _____

Telephone _____ Email _____

Address _____

Home Church _____ City _____

Parish Activities/Positions Held _____

Diocesan Activities/ Positions Held _____

Civic and Business Activities/Positions Held _____

NOMINATION CERTIFICATE OF CONSENT

I do hereby give my permission for my name to be placed in nomination at the 34th Annual Convention of the Diocese of Fort Worth for the position of:

(CHECK ONE)

Clerical Member of the Standing Committee

Lay Member of the Standing Committee

Clerical Member of the Ecclesiastical Trial Court

Signature of Nominee

Date

Please submit this form by Sept. 20 along with a recent photograph (headshot) to:
2900 Alameda Street, Ft. Worth, TX 76108
or you may fax it to 817-244-3363, or email to gpryor@fwepiscopal.org

Office use only

Nominated by _____ Signature _____

Phone _____ Email _____