

## Consent and Biographical Information for District Nomination

Triennial Convention of the South Wisconsin District of The Lutheran Church—Missouri Synod  
June 10-12, 2018 • Concordia University Wisconsin, Mequon

**IF POSSIBLE, PLEASE COMPLETE THIS CONSENT/BIO FORM ONLINE at**  
*swd.lcms.org/convention* then click on nominations

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position(s) for which you have been suggested to serve: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Region in which I reside** (lay person) **or work** (rostered church worker) (CHECK ONE)  
If unknown, skip this question.

- Central East Region (Circuits 1-7)
- Northeast Region (Circuits 8-14)
- West Region (Circuits 15-21)
- Southeast Region (Circuits 22-26)

**CONSENT:** (CHECK ONE)

***I am...***

***I am not...***

***...willing to have my name placed on the ballot for the position(s)  
indicated above. If elected, I am willing to serve in this position.***

*(Optional: If multiple positions are listed above, I want to be considered for  
\_\_\_\_\_ but not for \_\_\_\_\_.)*

**Signature:** \_\_\_\_\_

*If you are willing to serve, please provide the biographical information on the  
following page and submit a photograph of yourself WITHIN FIVE (5) DAYS.*

**Please use the fill-in form that is available on the website if possible, and email completed form to**  
**[Rayner@swd.lcms.org](mailto:Rayner@swd.lcms.org), or mail to:**

**Committee on Convention Nominations, South Wisconsin District—LCMS**  
**Fax to: (414) 464-0602 or Mail to: 8100 W. Capitol Dr., Milwaukee, WI 53222**

# Biographical Information

Name: \_\_\_\_\_

Present Age: \_\_\_\_\_

Occupation (former occupation, if retired): \_\_\_\_\_

List College/University/Seminary attended, the degrees earned, and the year each was earned: \_\_\_\_\_

**List your past and present service to the Church and the Community** (with approximate dates):

Congregational experience and activities: \_\_\_\_\_

District/Circuit experience and activities: \_\_\_\_\_

Synod experience and activities: \_\_\_\_\_

Community experience and activities: \_\_\_\_\_

In 100 to 200 words, please state your hopes for the South Wisconsin District:

**Congregation in which you presently hold membership:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Pastor: \_\_\_\_\_

**Please provide a digital photo via e-mail or disc** (or a regular photograph if not available). Be sure to include your name on the photograph or disc. Provide a stamped-self-addressed mailer if you wish to have materials returned.

Please return within five (5) days with photo of yourself to:

**Committee on Convention Nominations, South Wisconsin District—LCMS**  
**Fax to: (414) 464-0602 or Mail to: 8100 W. Capitol Dr., Milwaukee, WI 53222**  
**E-mail: [rayner@swd.lcms.org](mailto:rayner@swd.lcms.org)**