

Consent and Biographical Information for District Nomination

Triennial Convention of the South Wisconsin District of The Lutheran Church—Missouri
Synod June 12-14, 2022 • Concordia University Wisconsin, Mequon

IF POSSIBLE, PLEASE COMPLETE THIS CONSENT/BIO FORM ONLINE
swd.lcms.org

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.*

Please email swd@swd.lcms.org if possible!

Please return within five (5) days 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.

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