

RECOMMENDATION TO THE COMMITTEE ON NOMINATIONS
Tennessee Conference United Methodist Women

District: _____

Date: _____

I Recommend:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Church/Unit: _____

Age: 20's _____ 30's _____ 40's _____ 50's _____ 60's _____ 70's _____ 80+ _____

Race / Ethnicity: _____ Employed? YES _____ NO _____

Why I think you should consider this person (*attach extra sheet if necessary*):

Positions I would recommend this person for:

	President		Education & Interpretation		Chair, Committee on Nominations
	Vice President		Membership Nurture Outreach		Committee on Nominations
	Secretary		Social Action		Secretary of Program Resources
	Treasurer		Spiritual Growth		Communications Coordinator

Signed:			
Name:			
Address:			
Phone:		Email:	

Please Return to:
 Lois Azar, 408 Lookout Dr., Columbia, TN 38401 [loisazar@bellsouth.net]