

NOMINATION FORM
Judicial Code Committee
Christian Reformed Church in North America

To be completed by the NOMINEE:

1. Name: _____ Spouse: _____

Address: _____

(City)

(Province/State)

(Postal/Zip Code)

Home phone: _____ Office phone: _____

Mobile phone: _____ Email: _____

Ethnicity: Asian/Pacific Islander Black/African American/African Canadian Caucasian/White
 Hispanic Native American/First Nation Other: _____

2. Age of nominee: _____ Local church membership: _____

3. Academic, business, or professional training: _____

4. Present position or occupation: _____

5. Previous experience on denominational, ecclesiastical, or nonecclesiastical boards
or committees: _____

6. Current membership on boards or committees: _____

7. Local church council experience: _____

8. What interests you about serving on the JCC? _____

Signature: _____ Date: _____

Please return this form by April 10 to:
Ms. Dee Recker, Director of Synodical Services
Christian Reformed Church in North America, 1700 28th St. SE, Grand Rapids, MI 49508
Email: drecker@crcna.org; Fax: (616)224-5895