PRESBYTERY OF THE COASTLANDS NOMINATION FORM

Name recommended for nomination		(Y)(N Self-referral?) Date
Home Address		City	ZIP
Home phone	Office phone	C	ell phone
E-Mail Address		Occupation	
Church member of/serving church/val	idated ministry	City	
Age Group: Gender: 0 - 25 26 - 35	Category:Teaching Elde	er (TE) tired Teaching Elder (HR)	Race:
36 - 45 46 - 55 56 - 65 Over 65	Ruling Elder (Deacon Commissione Certified Chri	RE) d Ruling Elder (CRE) stian/Associate Educator sinistrative Professional	Ethnicity:
Disability: (Y) (N)		eeded:	
Brief Description of Spiritual Gifts/Pass	sion, Quantications, skins		
		No	
	ation:Yes		
The nominee has agreed to this nomin	ation:YesP	No	on Representation
Name:	Ation: Yes P	No lease return form to:	