

**United Methodist Women  
Recommendation to the Committee on Nominations**

**Conference** \_\_\_\_\_ **District** \_\_\_\_\_

**Date** \_\_\_\_\_

**I recommend:  
Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Phone** (       ) \_\_\_\_\_ **Cell Phone** (       ) \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Age** *(Please circle)*    20's    30's    40's    50's    60's    70's    80's +

**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:**

**Signed** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Phone** (       ) \_\_\_\_\_ **Cell Phone** (       ) \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Please return to** \_\_\_\_\_