

REGION NUMBER _____ SYNOD LETTER _____
SYNOD NAME _____

Phoenix 2020



Eleventh Triennial Convention
July 14 – July 16, 2020

SYNODICAL WOMEN’S ORGANIZATION VOTING MEMBER/ALTERNATE CERTIFIED ROSTER

Directions: Complete this form and return to Churchwide Executive Administrative Assistant, Women of the ELCA, 8765 W Higgins Rd, Chicago, IL 60631-4189 within two weeks after you elect triennial convention voting members and alternates. If you have any questions when completing the form, contact Ann Hightower, at 1.800.638.3522, ext. 2746.

REGION NUMBER

SYNOD LETTER

SYNOD NAME

TOTAL VOTING MEMBER
ALLOCATION¹

NUMBER OF VOTING MEMBER
ELECTED

NUMBER OF ALTERNATES ELECTED

CURRENT SWO PRESIDENT

TERM ENDS

ELIGIBLE FOR RE-ELECTION: YES No

**THIS CERTIFIED ROSTER IS SUBMITTED BY THE FOLLOWING SYNODICAL
WOMEN’S ORGANIZATION OFFICER:**

NAME

SWO POSITION

DAYTIME PHONE NUMBER

E-MAIL ADDRESS

SIGNATURE

¹ The total voting member allocation includes the president and the voting member to which you are entitled under the constitution.

REGION NUMBER _____ SYNOD LETTER _____
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DATE SUBMITTED

SYNODICAL PRESIDENT		
NAME		SYNODICAL WOMEN'S ORGANIZATION PRESIDENT (IN OFFICE AT TIME OF THE TENTH TRIENNIAL CONVENTION). IF AT THIS POINT YOU DO NOT KNOW WHO WILL BE YOUR PRESIDENT AT THE TIME OF THE CONVENTION, LEAVE THIS ENTRY BLANK. THE PRESIDENT'S TERM BEGINS IMMEDIATELY UPON INSTALLATION. SEE ARTICLE VII, SECTION 4, ITEM 6 OF THE SYNODICAL WOMEN'S ORGANIZATION MODEL CONSTITUTION.
ADDRESS		
HOME PHONE		
E-MAIL		

VOTING MEMBERS ELECTED

VOTING MEMBER (TICKET A, WOMAN OF COLOR OR LANGUAGE OTHER THAN ENGLISH)		
NAME		<input type="checkbox"/> FIRST TIME VOTING MEMBER
ADDRESS		<input type="checkbox"/> WOMAN OF COLOR OR LANGUAGE OTHER THAN ENGLISH
HOME PHONE		
CELL PHONE		
E-MAIL		

ALTERNATE (TICKET A, WOMAN OF COLOR OR LANGUAGE OTHER THAN ENGLISH)		
NAME		<input type="checkbox"/> FIRST TIME VOTING MEMBER
ADDRESS		<input type="checkbox"/> WOMAN OF COLOR OR LANGUAGE OTHER THAN ENGLISH
HOME PHONE		
CELL PHONE		
E-MAIL		

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VOTING MEMBER (TICKET B , FIRST TIME VOTING MEMBER)		
NAME		<input type="checkbox"/> FIRST TIME VOTING MEMBER
ADDRESS		<input type="checkbox"/> WOMAN OF COLOR OR LANGUAGE OTHER THAN ENGLISH
HOME PHONE		
CELL PHONE		
E-MAIL		

ALTERNATE (TICKET B , FIRST TIME VOTING MEMBER)		
NAME		<input type="checkbox"/> FIRST TIME VOTING MEMBER
ADDRESS		<input type="checkbox"/> WOMAN OF COLOR OR LANGUAGE OTHER THAN ENGLISH
HOME PHONE		
CELL PHONE		
E-MAIL		

REGION NUMBER _____ SYNOD LETTER _____
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VOTING MEMBER (TICKET B, FIRST TIME VOTING MEMBER) TIME VOTING MEMBER NEEDED TO BE ELECTED UNDER THE CONSTITUTION		USE IF SWO HAS MORE THAN ONE FIRST
NAME		<input type="checkbox"/> FIRST TIME VOTING MEMBER
ADDRESS		<input type="checkbox"/> WOMAN OF COLOR OR LANGUAGE OTHER THAN ENGLISH
HOME PHONE		
CELL PHONE		
E-MAIL		

ALTERNATE (TICKET B, FIRST TIME VOTING MEMBER)		
NAME		<input type="checkbox"/> FIRST TIME VOTING MEMBER
ADDRESS		<input type="checkbox"/> WOMAN OF COLOR OR LANGUAGE OTHER THAN ENGLISH
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CELL PHONE		
E-MAIL		

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VOTING MEMBER (TICKET C)		
NAME		<input type="checkbox"/> FIRST TIME VOTING MEMBER
ADDRESS		<input type="checkbox"/> WOMAN OF COLOR OR LANGUAGE OTHER THAN ENGLISH
HOME PHONE		
CELL PHONE		
E-MAIL		

VOTING MEMBER (TICKET C)		
NAME		<input type="checkbox"/> FIRST TIME VOTING MEMBER
ADDRESS		<input type="checkbox"/> WOMAN OF COLOR OR LANGUAGE OTHER THAN ENGLISH
HOME PHONE		
CELL PHONE		
E-MAIL		

VOTING MEMBER (TICKET C)		
NAME		<input type="checkbox"/> FIRST TIME VOTING MEMBER
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HOME PHONE		# VOTES RECEIVED:
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