

VOTING MEMBER/ALTERNATE INFORMATION FORM

Please print. Complete all sections of this form and return to Churchwide Executive Administrative Assistant, Women of the ELCA, 8765 W Higgins Rd, Chicago, IL 60631-4189 or fax to 773-380-2419 **within two weeks after your election.** If you have any questions, contact Ann Hightower, at 1.800.638.3522, ext. 2746.

REGION NUMBER		SYNOD LETTER		
SYNOD NAME				
CONGREGATIONAL, INTERCONGREGATIONAL OR SPECIAL UNIT (LIST NAME OF UNIT, CITY AND STATE)				
HERE & BELOW, CHECK ALL THAT APPLY				
<input type="checkbox"/> VOTING MEMBER <input type="checkbox"/> FIRST TIME VOTING MEMBER TO WOMEN OF THE ELCA TRIENNIAL CONVENTION <input type="checkbox"/> ALTERNATE <input type="checkbox"/> WOMAN OF COLOR OR WHOSE PRIMARY LANGUAGE IS OTHER THAN ENGLISH				
NAME				
ADDRESS				
CITY				
STATE				
ZIP CODE				
DAYTIME PHONE				
EVENING PHONE				
CELL PHONE				
E-MAIL ADDRESS				
AGE	<input type="checkbox"/> UNDER 21	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50
	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61-70	<input type="checkbox"/> 71-80	<input type="checkbox"/> 81 AND OVER
ETHNICITY	<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> ALASKA NATIVE	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> ARAB, MIDDLE EASTERNER
	<input type="checkbox"/> BLACK	<input type="checkbox"/> ASIAN	<input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> HISPANIC
	<input type="checkbox"/> OTHER (SPECIFY)			
GEOGRAPHICAL LOCATION	<input type="checkbox"/> RURAL	<input type="checkbox"/> SMALL TOWN	<input type="checkbox"/> SUBURBAN	<input type="checkbox"/> URBAN
PRIMARY LANGUAGE	<input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
SPECIAL NEEDS				
WOMEN OF THE ELCA PARTICIPATION <i>CHECK ALL THAT APPLY</i>	<input type="checkbox"/> ACTIVE IN CONGREGATIONAL OR INTERCONGREGATIONAL UNIT <input type="checkbox"/> ACTIVE IN SPECIAL UNIT <input type="checkbox"/> CURRENT CLUSTER OR CONFERENCE LEADER <input type="checkbox"/> CURRENT SWO LEADER (INDICATE POSITION): <input type="checkbox"/> PAST CLUSTER OR CONFERENCE LEADER (INDICATE POSITION): <input type="checkbox"/> PAST SWO LEADER (INDICATE POSITION):			
SIGNATURE				
DATE SUBMITTED				