



United  
Women  
in Faith

Western North Carolina

**UNITED WOMEN IN FAITH  
WESTERN NORTH CAROLINA CONFERENCE**

Date: \_\_\_\_\_

RECOMMENDATION TO THE **DISTRICT** COMMITTEE ON NOMINATIONS

I recommend:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ 20's \_\_\_\_\_ 30's \_\_\_\_\_ 40's \_\_\_\_\_ 50's \_\_\_\_\_ 60's \_\_\_\_\_ 70+

Race/Ethnicity \_\_\_\_\_ Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Why I think you should consider this person (attach extra sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

District United Women in Faith Position(s) I would recommend this person for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Return to: \_\_\_\_\_ (Your district Committee on Nominations Chairperson)

\_\_\_\_\_  
\_\_\_\_\_