



Nomination Form

Name: _____ **Date:** _____

Address _____

City: _____ **State:** _____ **Zip:** _____

Best Phone Contact: (_____) _____

Email: _____

Position(s)* Interested In: Circle your preference(s). If you do not have preference – leave blank.

First Vice President

Vice Presidents (4):

Advocacy, Area Directors, Development & Special Projects, Marketing & Communications

Secretary

Treasurer

Assistant Treasurer

Area Directors

Name & City of Sisterhood/Congregation (if applicable): _____

Please answer the questions below by copying and pasting on a blank WORD document and return with this form.

- 1. Describe any WRJ (Women of Reform Judaism) and community involvement.**
- 2. What are your interests and areas of expertise? Please include any educational and or professional skills and achievements.**
- 3. What do you see as important goals for our district and WRJ in the next two years and beyond?**
- 4. Share anything else you would like the nominating committee to know.**

Thank You ... You will receive a confirmation when we receive your application.