



CNH DISTRICT **CIRCUIT VISITOR** **NOMINATION FORM**

Congregation (name & location):

Date of Nomination _____

Circuit _____

Region _____

Signed: _____

(Chairman of Congregation)

(Print Name): _____

(Secretary of Congregation)

(Print Name): _____

CIRCUIT VISITOR: (pastor on the roster of Synod who is serving a congregation or is emeritus. SMP Pastors are not eligible to serve as a circuit visitor)

Name: _____

Address: _____ Phone (____) _____ - _____

_____ Email _____

Congregation serving/membership City, State Circuit / Region

CIRCUIT VISITOR: (pastor on the roster of Synod who is serving a congregation or is emeritus. SMP Pastors are not eligible to serve as a circuit visitor)

Name: _____

Address: _____ Phone (____) _____ - _____

_____ Email _____

Congregation serving/membership City, State Circuit / Region

Is/are Nominee(s) willing to serve? Y_____ N_____

Ballot must be returned to your current Circuit Visitor in advance of the scheduled Circuit Forum.