## Nomination of Pastor for Consideration

For	Lutheran Church		
	City		State
asked to complete committee. It will	e this form. When it is completed,	please give it to President Mike L	ors to be considered for our call list are an elder or to the chairman of the call ange. Please include your name at the
	fully and prayerfully considered the following pastor as a candidate t		
Name: (Please	print):		
Address:			
	(Please check <u>The Lutheran Annu</u>	al for the correct s	spelling and address!)
2. I believe this	pastor will be good for our cong	regation for the for	following reasons:
3. Please state v	whether you know him personally	, where, and for	how long a time.
4. If you do not making your		ource of your inf	formation, or the basis on which you are
	aking nomination (Please print):		
	((	Church Name)	
of	Church City	·	State
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Thank you, from President Michael R. Lange, CNH District, LCMS