

Mount Zion Baptist Church

LEADERSHIP NOMINATION FORM

Name of Candidate: _____

Candidate's Address: _____

(City)

(State)

(Zip)

Telephone: Day: _____ **Evening:** _____

E-Mail Address: _____ **Fax No.:** _____

Member of Mount Zion: Yes No **Number of years:** _____

Completed New Member's Orientation Yes No

Position Nominated for _____

Name of Person Making Nomination _____

Address: _____

(City)

(State)

(Zip)

Telephone: Day: _____ **Evening:** _____

E-Mail Address: _____ **Fax No.:** _____

Signature _____ **Date:** _____

Return this form to the Church Office in a sealed envelope marked: Nominating Committee

For Nominating Committee Use Only:

Date received by Nominating Committee: _____ Signature _____