

CANDIDATE IDENTITY FORM
Upper Susquehanna Synod, ELCA

*Note to Candidate: Please complete this form and return it to the Upper Susquehanna Synod, ELCA,
Attention: Andrea Bashore, P. O. Box 36, Lewisburg, PA 17837, as soon as possible.*

(PLEASE PRINT OR TYPE)

Position for which you are a candidate: _____

NAME: _____ **PHONE (H):** _____

ADDRESS: _____ **PHONE (W):** _____

_____ **E-MAIL:** _____

HOME CONGREGATION: _____
(Name of congregation) (Town)

CONFERENCE: _____

CHURCH LEADERSHIP INFORMATION:

COMMUNITY LEADERSHIP INFORMATION:

CURRENT POSITION/EMPLOYMENT:

PAST EMPLOYMENT:

I agree to stand for election and to serve if elected.

DATE: _____ **SIGNATURE:** _____