

NOMINATED FOR DOCTOR OF DIVINITY

Name: _____

Address: _____

Phone: _____

Nominated By: _____
Please Print Signature

Congregation: _____ Date: _____

BIOGRAPHICAL SKETCH FOR TITLE OF DOCTOR OF DIVINITY

Present Congregation: _____ Location: _____

Occupation, Vocation, Profession: _____

Nominations must be in my office by **Monday, March 12, 2007** using the biographical sketch form attached to this memo. If you need assistance with the biographical sketch, please call my office@ 800.755.9335 ext 22.

Return via: **Fax - 248.476.0188**
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Mail – English District
Attention: Evelyn
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Farmington, MI 48336