

**Biographical Information**

**1. Name:**

**2. Home address:**

**3. Preferred mailing address – Home or Church?**

**4. Preferred phone #:**

**5. Years served in LWML:**

 **As Zone Counselor:**

 **As District Counselor:**

**6. In approximately 50 words or less, how do you view the mission of LWML. (If you are selected as a candidate, this statement will be printed in the convention manual.)**

**Other Information**

**7. Schools attended (include years of graduation)**

**8. Synod Activities**

**9. District Activities**

**10. Community Service**