



ABCOTS 42nd Annual Session

2012 Church Clerk Award

Nomination Application Form

Please complete the following information on your nominee as a candidate for the ABCOTS 42 Annual Church Clerk Award.

Name _____ Title _____

Home Address _____

City _____ State _____ Zip Code _____

Phone # (Area Code) _____ - _____ Church # (Area Code) _____ - _____

Name of Church _____

Name of Pastor _____ Church Address _____

City _____ State _____ Zip Code _____

ABCOTS Area # _____ Moderator's Name _____

Nominee's Position Title _____ Dates if service _____

- Give a brief description of the responsibilities, duties and/or activities required of the nominee's position.

- Describe how the nominee has excelled in this position. If additional space is needed, please write on a separate sheet.

- How has the nominee's service been an asset to the church body? Explain.

It is my pleasure to nominate _____ as a nominee for the ABCOTS 42nd Annual Church Clerk Award.

Pastor _____ (Signature) Date _____