

**LOUISIANA CONFERENCE
DISTRICT COMMITTEE ON ORDAINED MINISTRY
Recommendation for Associate Membership**

Name of Candidate _____ Date _____

DCOM decision: _____ Approved _____ Deferred _____ Denied

Votes: _____ For _____ Against _____ Abstain

Candidate's strengths as perceived by the DCOM

Candidate's weaknesses as perceived by the DCOM

Recommendations to the candidate:

Interview team convener: (signature) _____

Interview team members: _____

