The United Methodist Church Appointment to an Extension Ministry Report

NAME:		
BUSINESS PHONE:	HOME PHONE:	
FAX:	EMAIL:	
BUSINESS ADDRESS:		
	STATE:ZIP:	
HOME ADDRESS:		
	STATE: ZIP:	
PREFERRED ADDRESS FOR	CONFERENCE PURPOSES: ☐ HOME ☐ BUSINESS	
FULL MEMBER PRO	VISIONAL ASSOCIATE LOCAL PASTOR	
OF	ANNUAL CONFERENCE	
CHARGE CONFERENCE	MEMBERSHIP: DISTRICT:	
TITLE/POSITION:		
ANNUALIZED BASE CO	MPENSATION (YEAR:) \$	
UTILITIES AND OTHER	HOUSING RELATED ALLOWANCES: \$	
TRAVEL ALLOWANCE	OTHER CASH ALLOWANCES: \$	
IF UNDER APPOINTMENT OU	SIDE THE CONFERENCE OF WHICH YOU ARE A MEMBER, please complete:	
Conference where you serve:	Bishop:	
District:	District Superintendent:	
Affiliate charge conference n	embership:	
☐ c. In service with Genera ☐ d. Appointed to other val Attach: 1) a brief narrative of evidence of your continuing e		nd 2)
Date:	SIGNED:	
SEND COPIES TO:		

- 1. Bishop (Bishop@umcsc.org)
- 2. District Superintendent
- 3. Board of Ordained Ministry (agmiller@uscsc.org)
- 4. Clergy Services (<u>conferencesecretary@umcsc.org</u>)
- 5. Bishop of area in which you serve, if other than area of which you are a member A copy of this report may be used to inform the Charge Conference(s) of which you are a member and an affiliate member in keeping with Paragraph 316.1 and 344.3 a, b.

A copy of this report should be used to inform the United Methodist Endorsing Agency, PO Box 340007, Nashville, TN 37203-0007 in keeping with Paragraph 344.1b. (Only for those endorsed by GBHEM) umea@gbhem.org