



The United Methodist Church

Appointment to an Extension Ministry

NAME _____

BUSINESS PHONE (_____) _____ HOME PHONE (_____) _____

FAX(_____) _____ E-MAIL _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED ADDRESS FOR MAILING PURPOSES AND FOR INCLUSION IN JOURNAL: HOME BUSINESS

FULL MEMBER _____ PROVISIONAL MEMBER _____ ASSOCIATE MEMBER _____ LOCAL PASTOR _____

OF _____ ANNUAL CONFERENCE

CHARGE CONFERENCE MEMBERSHIP _____ DISTRICT _____

If you are under appointment outside the conference of which you are a member, please complete the following:

Conference where you serve _____ Bishop _____

District _____ District Superintendent _____

Affiliate charge conference membership _____

TITLE/POSITION _____

AGENCY/INSTITUTION _____

BASE COMPENSATION (YEAR _____) \$ _____

UTILITIES AND OTHER HOUSING RELATED ALLOWANCES _____

TRAVEL ALLOWANCE _____ OTHER CASH ALLOWANCES _____

PLEASE INDICATE YOUR APPOINTMENT CATEGORY: (¶ 344.1)

- a. Appointed within the connectional structure
- b. Endorsed by the UM Endorsing Agency within the General Board of Higher Education and Ministry
- c. In service with General Board of Global Ministries
- d. Appointed to other valid approved extension ministry

Attach: 1) a brief narrative of your ministry during the past year including a copy of your annual evaluation; and 2) evidence of your continuing education and spiritual growth program and future plans. (¶ 344.2)

Date _____ SIGNED _____

SEND COPIES TO:

1. Bishop
2. District Superintendent
3. Board of Ordained Ministry
4. Conference Secretary
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 ¶ 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 ¶ 344.1b.