

## **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 JO	URNAL: ☐ HOME ☐ BUSINESS
FULL MEMBERPROBATIONARY MEMBER_	ASSOCIATE MEMBER_	LOCAL PASTOR
OF		ANNUAL CONFERENCE
CHARGE CONFERENCE MEMBERSHIP	DISTRICT	
If you are under appointment outside the conferen	nce of which you are a membe	r, please complete the following:
Conference where you serve	Bish	op
District	District Superintendent	
Affiliate charge conference membership		
TITLE/POSITION		
AGENCY/INSTITUTION		
BASE COMPENSATION (YEAR) \$		
UTILITIES AND OTHER HOUSING RELATED ALI	LOWANCES	
TRAVEL ALLOWANCEOTHER C	ASH ALLOWANCES	
PLEASE INDICATE YOUR APPOINTMENT CATEGORIA a. Appointed within the connectional structure b. Endorsed by the UM Endorsing Agency within c. In service with General Board of Global Ministructure d. Appointed to other valid approved extension	n the General Board of Higher stries	Education and Ministry
Attach: 1) a brief narrative of your ministry during the evidence of your continuing education and spiritual §		
DateSIGN:	ED	

## SEND COPIES TO:

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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.