

Name:

2023-2024

## District Superintendent Request

Print and obtain both necessary signatures for this form and send to the Office of Ministerial Services at: [erika@awfumc.org](mailto:erika@awfumc.org)

I, \_\_\_\_\_, request that the Cabinet of the Alabama-West Florida  
*(Please print your name)*

Conference recommend me for (please check one)

\_\_\_\_\_ Associate Membership

\_\_\_\_\_ Provisional Deacon

\_\_\_\_\_ Full Deacon

\_\_\_\_\_ Provisional Elder

\_\_\_\_\_ Full Elder

in the Alabama-West Florida Conference of the United Methodist Church.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Requested

\_\_\_\_\_  
Signature of District Superintendent

\_\_\_\_\_  
Date Received by District Superintendent