

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 PURPO	OSES AND FOR INCLUSION IN JOURN	AL: HOME BUSINESS
FULL MEMBER PROVISIONAL MEMB	ER 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	Bisho	p
DistrictDistrict Superintendent		
Affiliate charge conference membership		
TITLE/POSITION		
AGENCY/INSTITUTION		
BASECOMPENSATION (YEAR) \$		
UTILITIES AND OTHER HOUSING RELATED ALLOWANCES		
TRAVEL ALLOWANCEOTHER CASH ALLOWANCES		
PLEASE INDICATE YOUR APPOINTMENT Of a. Appointed within the connectional structure of b. Endorsed by the UM Endorsing Agency of c. In service with General Board of Global M. of d. Appointed to other valid approved extensi	cture within the General Boad of Higher Educa inistries	tion and Ministry
Attach: 1) a brief narrative of your ministry during of your continuing education and spiritual grown		ual evaluation; and 2) evidence
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.