



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 chargeconference membership \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

AGENCY/INSTITUTION \_\_\_\_\_

BASECOMPENSATION (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.