

The United Methodist Church Appointment to an Extension Ministry

E-MAIL	PHONE	
HOME ADDRESS	CITY	_STATE / ZIP
BUSINESS ADDRESS	CITY	_STATE / ZIP
PREFERRED ADDRESS FOR MAILING AND PUB	LICATION: HOME BUS	INESS
FULL MEMBERPROVISIONAL MEMBER_	ASSOCIATE MEMBER	LOCAL PASTOR
ANNUAL CONFERENCE NAME		
CHARGE CONFERENCE MEMBERSHIP	DIS	TRICT
If you are under appointment OUTSIDE OF the	conference of which you are a me	mber, please complete the follow
Conference where you serve	Bis	hop
District	Conference Superintendent	
Affiliate charge conference membership		
TITLE/POSITION		
AGENCY/INSTITUTION		
BASE COMPENSATION (YEAR)		
UTILITIES AND OTHER HOUSING RELATED AL	LOWANCES	
TRAVEL ALLOWANCEOTHER	CASH ALLOWANCES	
PLEASE INDICATE YOUR APPOINTMENT CAT a. Appointed within the connectional structure b. Endorsed by the UM Endorsing Agency wit c. In service with General Board of Global Mit d. Appointed to other valid approved extension	thin the General Board of Higher nistries	Education and Ministry
Attach: 1) a brief narrative of your ministry during evidence of your continuing education and spiritual		•
Please indicate if you are willing to provide occasional	l pulpit supply. YES NO	
	l short-term (1-4 weeks) pastoral care	e coverage. YES NO
Please indicate if you are willing to provide occasional	\ / 1	

SEND COPIES TO:

1. Bishop
2. Conference 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.