

The United Methodist Church
Appointment to an Extension Ministry

Name _____
Business Phone (____) _____ Home Phone (____) _____
Fax (____) _____ Email _____
Business Address _____
City _____ ST _____ Zip _____
Home Address _____
City _____ ST _____ Zip _____

Preferred address for mailing purposes and for inclusion in Journal:

Home _____ Business _____

Full Member ____ Probationary 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 charge conference membership _____

Title/Position _____

Agency/Institution _____

Base Compensation (Year _____) \$ _____

Utilities and other housing related allowances _____

Travel Allowance _____ Other Cash Allowance _____

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.