



The United Methodist Church  
**Appointment to an Extension Ministry**

NAME \_\_\_\_\_

BUSINESS PHONE aaaaaa \_\_\_\_\_ "HOME PHONE aaaaaaaa \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERRED ADDRESS FOR BUSINESS PURPOSES AND FOR INCLUSION IN JOURNAL:

Home	<input type="checkbox"/>
Business	<input type="checkbox"/>

FULL MEMBER "\*\*\*\*\*" PROBATIONARY MEMBER "\*\*\*\*\*" ASSOCIATE MEMBER "\*\*\*\*\*"

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 ALLOWANCES \_\_\_\_\_

PLEASE INDICATE YOUR APPOINTMENT CATEGORY: (§ 344.1, 422: Discipline)

- |                          |                                                                   |
|--------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | a. Appointed within the connectional structure                    |
| <input type="checkbox"/> | b. Endorsed by the General Board of Higher Education and Ministry |
| <input type="checkbox"/> | c. In service with General Board of Global Ministries             |
| <input type="checkbox"/> | d. Appointed to the other valid approved extension ministry       |

Attach: 1) a brief narrative of your ministry during the past year including a description of your annual evaluation; and 2) evidence of your continuing education and spiritual growth program and future plans. (§ 344.2a, 422: *Discipline*)

Date: \_\_\_\_\_ SIGNED \_\_\_\_\_

SEND COPIES TO:

1. Bishop Larry Goodpaster, PO Box 18750, Charlotte, NC 28218
2. District Superintendent (see journal listing)
3. Board of Ordained Ministry Rev. Leslee Wray, 429 Gaddy Farm Rd., Mt. Gilead, NC 27306
4. Bishop of area in which you serve, if other than area of which you are a member
5. Conference Secretary Kimberly Ingram , P.O.Box 18005, Charlotte, NC 28218

Copies of this report may also be used to inform the Charge Conference(s) of which you are a member and/or an affiliate member in keeping with § 344.3 (a, b).

Brief Narrative: