



The United Methodist Church
APPOINTMENT TO EXTENSION MINISTRY

NAME _____

(Title) (First, Middle Initial, Last)

BUSINESS PHONE (____) _____ HOME PHONE (____) _____

FAX _____ EMAIL _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

Preferred Address for Conference Mailing: Home Business

PREFERRED ADDRESS FOR INCLUSION IN JOURNAL: Home Business

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 in which you work _____ *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: (See ¶ 344.1 2008 *Discipline*)

- a. Appointed within the connectional structure
- b. Endorsed by GBHEM
- c. In service under the General Board of Global Ministries
- d. Appointed to another 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. (¶ 344.2, 2008 *Discipline*)

Date _____ Signature/Name _____

SEND COPIES/EMAIL TO:

1. Bishop
2. District Superintendent
3. Board of Ordained Ministry
4. Bishop of area in which you work, if other than area of which you are a member
5. Conference Secretary

Copies of this report may also be used to inform the General Board of Higher Education and Ministry and the Charge Conference(s) of which you are a member and an affiliate member in keeping with ¶ 344.3a,b).