

THE UNITED METHODIST CHURCH

APPLICATION FOR CLERGY RELATIONSHIP TO THE ANNUAL CONFERENCE

For ASSOCIATE MEMBERSHIP

(Form also available online at <http://www.wnccumc.org>. click ministries and Board of Ordained Ministry)

DISTRICT _____

FULL NAME: _____ NAME CALLED: _____

MAILING ADDRESS (for all conference correspondence): _____

PHONE(S):(Residence) _____ (Cell) _____ (Office) _____

CONFERENCE E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MARITAL STATUS: ___ Single ___ Married DATE OF MARRIAGE _____

SPOUSE'S **FULL** (MAIDEN) NAME: _____ DATE OF BIRTH _____

FULL NAMES **AND** BIRTH DATES OF CHILDREN:

LICENSED AS A LOCAL PASTOR (MONTH/YEAR): _____ by DISTRICT _____
EDUCATIONAL QUALIFICATIONS (if degree not awarded, indicate number of credit hours):

High School: _____
High School Name and City/State _____ Graduation Year _____

College: _____
College Name, Date Graduated or Dates Attended (mo/yr) _____ Degree or # Credit Hrs _____

Graduate School: _____
School Name, Date Graduated or Dates Attended (mo/yr) _____ Degree or # Credit Hrs _____

Seminary: _____
Seminary Name, Date Graduated or Dates Attended (mo/yr) _____ Degree or #Credit Hrs _____

(If M.Div. or equivalent not yet awarded, give date of expected graduation/completion of educational requirements: _____)

Course of Study: Basic 5-Year Course Completed in _____ (Year)

SERVICE AS FULL-TIME LOCAL PASTOR: Number of Years _____ Dates _____

SERVICE AS PART-TIME LOCAL PASTOR: Number of Years _____ Dates _____ ¼, ½, ¾ time?

CURRENT APPOINTMENT: _____

Send application to: Kim Ingram, Director of Ministerial Services Signed _____
P.O. Box 18005
Charlotte, NC 28218 Date _____

DUE by AUGUST 31, 2013