

THE UNITED METHODIST CHURCH  
APPLICATION FOR CLERGY RELATIONSHIP TO THE ANNUAL CONFERENCE  
For **FULL CONNECTION**

(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): \_\_\_\_\_

CURRENT E-MAIL ADDRESS: \_\_\_\_\_

PHONE(S):(Residence) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY/STATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS: \_\_\_ Single \_\_\_ Married      DATE OF MARRIAGE \_\_\_\_\_

SPOUSE'S FULL (MAIDEN) NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

YEAR ADMITTED AS A PROVISIONAL MEMBER: \_\_\_\_\_

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 Hours

Graduate School: \_\_\_\_\_  
School Name, Date Graduated or Dates Attended (mo/yr)      Degree or # Credit Hours

Seminary: \_\_\_\_\_  
Seminary Name, Date Graduated or Dates Attended (mo/yr)      Degree or #Credit Hours

Ministerial Course of Study: 5-Year Course and all Advanced Studies Completed (Date): \_\_\_\_\_

APPOINTMENT(S) WHILE A PROVISIONAL MEMBER -- LIST APPOINTMENT(S), DATES, DISTRICT(S)

\_\_\_\_\_  
\_\_\_\_\_

Please confirm that you are in your third year/have completed 3 years in the residency (RIOM) program: Yes No

Please confirm that you participated in a Year 1 retreat? \_\_\_\_\_ Year 2 retreat? \_\_\_\_\_ are registered for the year 3 retreat at

Duke in September/or have completed it previously? \_\_\_\_\_ RIOM leader's name: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

APPLICATION DUE: **August 31, 2013**