



THE UNITED METHODIST CHURCH
APPOINTMENT TO AN EXTENSION MINISTRY

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Email _____

Business Address _____

City _____ State _____ Zip _____

Business Phone (____) _____ Fax (____) _____

Cell/Mobile Phone (____) _____

Preferred address for mailing purposes and for inclusion in Journal: Home
 Business

Full Member Provisional Member Associate Member Local Pastor

If you are under appointment outside of Holston Conference, please complete the following:

Conference where you serve _____ *Bishop* _____

District _____ *District Superintendent* _____

Affiliate Charge Conference Membership _____

Title/Position _____

Agency/Institution _____

Base Compensation (for Year _____) \$ _____

Utilities and other housing related allowances \$ _____

Travel allowance \$ _____ Other cash allowance(s) \$ _____

Please indicate your appointment category per ¶ 344.1 (2016 Book of Discipline)

- a. Appointed within the connectional structures of United Methodism
- b. Endorsed by 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 description of your annual evaluation, and
2. Evidence of your continuing education, spiritual growth program, and future plans. Refer to ¶ 344.2 (2016 Book of Discipline)

Date _____ Signed _____

I plan / do not plan to attend the Annual Conference Breakfast.
(please check appropriate box above)