

2016-17 Clergy Information Form

If you are a clergy member or diaconal minister in the Wisconsin Annual Conference, and if you need to report additions or changes to your address information or service record information as it is recorded in the 2016 Wisconsin Annual Conference Journal, then please complete this form. Send the completed form to:

Kevin Rice Myers, Interim Conference Secretary, PO Box 47, Lodi, WI 53555-0047 or Email: **ConfSec@wisconsinumc.org** no later than **June 30, 2017**. *If your service record or personal information is unchanged, you do not need to return the form.*

NOTE: It is YOUR responsibility to provide accurate address and contact information to the Conference Secretary for inclusion in the Conference Journal.

Personal Information: Name: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: _____	Spouse's Name: _____	
Email Address: _____		

<p>Conference Relationship:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Elder in Full Connection</td> <td><input type="checkbox"/> Full Time Local Pastor</td> </tr> <tr> <td><input type="checkbox"/> Deacon in Full Connection</td> <td><input type="checkbox"/> Part Time Local Pastor</td> </tr> <tr> <td><input type="checkbox"/> Provisional Member-Deacon Track</td> <td><input type="checkbox"/> Student Pastor from Other Conference</td> </tr> <tr> <td><input type="checkbox"/> Provisional Member-Elder Track</td> <td><input type="checkbox"/> Other Conference (346.1)</td> </tr> <tr> <td><input type="checkbox"/> Associate Member</td> <td><input type="checkbox"/> Other Denomination (346.2)</td> </tr> <tr> <td><input type="checkbox"/> Affiliate Member</td> <td><input type="checkbox"/> Supply Pastor</td> </tr> <tr> <td><input type="checkbox"/> Diaconal Minister</td> <td></td> </tr> </table> <p>Year you became a Provisional Member: _____</p> <p>Year you became a Full Member or Diaconal Minister: _____</p>	<input type="checkbox"/> Elder in Full Connection	<input type="checkbox"/> Full Time Local Pastor	<input type="checkbox"/> Deacon in Full Connection	<input type="checkbox"/> Part Time Local Pastor	<input type="checkbox"/> Provisional Member-Deacon Track	<input type="checkbox"/> Student Pastor from Other Conference	<input type="checkbox"/> Provisional Member-Elder Track	<input type="checkbox"/> Other Conference (346.1)	<input type="checkbox"/> Associate Member	<input type="checkbox"/> Other Denomination (346.2)	<input type="checkbox"/> Affiliate Member	<input type="checkbox"/> Supply Pastor	<input type="checkbox"/> Diaconal Minister		<p>Your Ethnic Group (Information needed to complete "Business of the Annual Conference" question 64b)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Native American</td> </tr> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Hispanic</td> <td><input type="checkbox"/> Multi-Racial</td> </tr> </table> <p>These are the categories used by the General Council on Finance and Administration to define clergy ethnicity. Please check the category with which you most closely identify your ethnic heritage.</p>	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American	<input type="checkbox"/> African American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Racial
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Appointment Information:

Where will you be appointed at the 2017 Conference Session? _____

What district is this appointment in? (please check one)

North West
 North Central
 North East
 South West
 South East

This is a: _____ Change of Appointment _____ Correction to the 2016 Journal

Address Information: Please complete the information for EACH church in the charge to which you are appointed. The street address should be the PHYSICAL LOCATION of the church. Check the appropriate box to indicate the preferred mailing address.

<p>Ch #1 or Office: _____</p> <p>Street Address: _____</p> <p>PO Box: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p><input type="checkbox"/> Check if this is the preferred mailing address</p>	<p>Ch #2: _____</p> <p>Street Address: _____</p> <p>PO Box: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p><input type="checkbox"/> Check if this is the preferred mailing address</p>
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<p>Ch #3: _____</p> <p>Street Address: _____</p> <p>PO Box: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p><input type="checkbox"/> Check if this is the preferred mailing address</p>	<p>Home: <input type="checkbox"/> Parsonage <input type="checkbox"/> Privately Owned <input type="checkbox"/> Rented</p> <p>Street Address: _____</p> <p>PO Box: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p><input type="checkbox"/> Check if this is the preferred mailing address</p>
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Please use the back of this form or an additional page to indicate changes or corrections in your Service Record as printed in the 2016 Yearbook and Journal, or include them in the text of an Email message if submitting this form electronically.

Service Record Corrections: