

2009 Clergy/Diaconal Minister 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 2008 Wisconsin Annual Conference Journal, then please complete this form. Send the completed form to: **Kevin Rice Myers, Conference Secretary, 857 W. State Street, Burlington, WI 53105-1776**, no later than June 30, 2009. *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 Female

Date of Birth: _____ Spouse's Name: _____

Email Address: _____

Conference Relationship:

Elder in Full Connection Full Time Local Pastor

Deacon in Full Connection Part Time Local Pastor

Provisional Member-Deacon Track Student Pastor from Other Conference

Provisional Member-Elder Track

Associate Member Other Conference (346.1)

Affiliate Member Other Denomination (346.2)

Diaconal Minister Supply Pastor

Year you became a Provisional Member: _____

Year you became a Full Member or Diaconal Minister: _____

Your Ethnic Group (Information needed to complete "Business of the Annual Conference" question 64b)

Asian Native American

African American Pacific Islander

Black White

Hispanic Multi-Racial

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.

Appointment Information:

Where will you be appointed at the 2009 Conference Session? _____

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

Capital Chippewa Coulee Heartland Metro North Metro South Nicolet Winnebago

This is a: _____ Change of Appointment _____ Correction to the 2008 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.

Ch #1 or Office: _____

Street Address: _____

PO Box: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Check if this is the preferred mailing address

Ch #2: _____

Street Address: _____

PO Box: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Check if this is the preferred mailing address

Ch #3: _____

Street Address: _____

PO Box: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Check if this is the preferred mailing address

Home: Parsonage Privately Owned Rented

Street Address: _____

PO Box: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Check if this is the preferred mailing address

Please use the back of this form to indicate changes or corrections in your Service Record as printed in the 2008 Yearbook and Journal.