

INFORMATION FOR ANNUAL CONFERENCE MASTER LIST

This report must be completed and returned to the District Superintendent at the close of your Charge Conference or upon reappointment. You must also submit the Clergy Compensation and Expenses Worksheet with this report, or upon changes to your compensation package.

Church: _____ Number: _____ Charge _____

District: _____ North Georgia Annual Conference, UMC

Effective Date: ____/____/____

Legal Name _____

Preferred First Name _____ () Male () Female

No.Churches on Charge _____

Telephones: Office:(____) _____ Office Extension _____ Home:(____) _____

Fax:(____) _____ Cell:(____) _____ E-mail: _____

Do you live in a parsonage? (circle) Yes / No Send Mail to: (check one) () Church () Parsonage () Home

Home/Parsonage Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Clergy Date of Birth: (MM/DD/YY) ____/____/____ Date of Marriage: ____/____/____ Ethnic or Racial Origin _____

Marital Status: () Single () Divorced () Widowed () Married: Spouse's Name _____

Spouse's Birthday: MM/DD/YY: ____/____/____ # Persons in household ____ # Children ____

Children: Names/Birthdays _____

Date appointed to present appointment ____/____/____

- | | |
|--|--------------------------------------|
| Ministerial Status: () Elder in Full Connection | () Retired Full Member |
| () Deacon in Full Connection | () Supply Pastor |
| () Probationary Elder | () Diaconal Minister |
| () Probationary Deacon | () Deaconess |
| () Associate Member | () Elder Member - Other Annual Conf |
| () Full-Time Local Pastor | () Deacon - Other Annual Conf |
| () Part-Time Local Pastor | () Probationary - Other Annual Conf |
| () Student Local Pastor | () Full Member - Other Denomination |
| | () Affiliate Member |

COMPENSATION: (Please complete the Clergy Compensation and Expenses Worksheet)

FOR CONFERENCE OFFICE USE ONLY

DATE RECEIVED: _____ DATE ENTERED: _____ INITIALS: _____/_____