

# 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: \_\_\_\_\_/\_\_\_\_\_