



Appointment to an Extension Ministry

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Business Address _____

Business City _____ State _____ Zip _____

cell phone _____

email _____

PREFERRED ADDRESS FOR MAILINGS AND JOURNAL LISTING Home Business

STATUS: Full Member Probationary Member **Associate Member** Local Pastor

Arkansas Charge Conference _____ District _____

If you are under appointment outside the Arkansas Conference, please complete the following

Conference in which you serve _____ Bishop _____

District in which you serve _____ District Superintendent _____

Your Title or Position _____

Agency/Institution Name _____

Name of Supervisor requesting Appointment _____

Signature of Supervisor _____

Base Compensation _____ Utilities _____

Travel Allowance _____ Other Allowances _____

APPOINTMENT CATEGORE (Paragraph 344)

344.a Appointed within connectional stucture

344.b Appointed by UM Endorsing Agency with GBHEM

344.c In service with Global Board of Ministies

344.d Appointed to other valid approved extension ministry

Signature _____

Date _____

Send this form along with a written narrative, annual evaluation, continuing education, and personal ministry plan by January 31 to

Nancy Meredith
800 Daisy Bates Drive
Little Rock, AR 72202

