



North Carolina Conference

The United Methodist Church

CONFERENCE SECRETARY

H. Gray Southern
Secretary

North Carolina Conference of The United Methodist Church Substitute Annual Conference Membership Form

Shannon Medlin
Administrative Assistant

Full Name: _____

ADDRESS

700 Waterfield Ridge Place
Garner, NC 27529

Current Status:

- | | |
|---|---|
| <input type="checkbox"/> Full Connection Elder | <input type="checkbox"/> Full Connection Deacon |
| <input type="checkbox"/> Provisional Elder | <input type="checkbox"/> Provisional Deacon |
| <input type="checkbox"/> Associate Member | <input type="checkbox"/> Local Pastor |
| <input type="checkbox"/> Retired Elder | <input type="checkbox"/> Retired Deacon |
| <input type="checkbox"/> Retired Associate Member | <input type="checkbox"/> Retired Local Pastor |

PHONE

(919) 779-6115

WEB

nccumc.org

Current Appointment (Church or Extension Ministry): _____

Current District:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Beacon | <input type="checkbox"/> Gateway |
| <input type="checkbox"/> Capital | <input type="checkbox"/> Harbor |
| <input type="checkbox"/> Corridor | <input type="checkbox"/> Heritage |
| <input type="checkbox"/> Fairway | <input type="checkbox"/> Sound |

Year of Ordination (if applicable): _____

I am unable to locate my Certificate of Membership or was never issued one, therefore I cannot surrender the certificate required to withdraw. I request that this form be accepted in place of a Certificate of Membership.

I am unable to locate my Pastoral License therefore I cannot surrender my license as required to withdraw. I request that this form be accepted in place of a Pastoral License.

Signature of Clergy

Printed Name

Date

Notary Section:

I hereby certify that all the information I have provided is true and accurate. Subscribed to and sworn before me on this _____ date of _____ 20__.

Notary Signature

Date