

Name:

Address:

Phone: (____) _____ - _____ Email address:

Current Appointment:

Current District: BE CA CO FA GA HA HE SO

Current Status: Licensed Local Pastor Associate Member Provisional Member
 Full Connection

Effective Date of Withdrawal _____ (Month, Day, Year)

Statements of Agreement
(Please initial each statement)

After prayer, thought and discernment, I have decided that I wish to withdraw from the Ministerial Office in the United Methodist Church.

___ I have researched and understand the implications and impact of this decision on my health insurance (and that of my family), death and disability insurance and my pension.

___ I understand that in withdrawing, this action will rescind my membership in the North Carolina Annual Conference and that I will no longer be a member of the annual conference or a credentialed clergyperson in The United Methodist Church.

___ I understand that I may no longer refer to myself as a United Methodist minister as of the effective date of my withdrawal.

___ I understand that this is not a simple reversible process, but that I would have to reapply to serve in the North Carolina Annual Conference under the provisions of The Book of Discipline in place at the time I might seek to re-enter the annual conference.

___ I understand that I must enclose my license for pastoral ministry, provisional member certificate or my full connection certificate with this form. If I do not have the License/Certificate, I must complete the second page of this form.

Signature:

Having read and understood the above items, I formally declare my desire to withdraw from the North Carolina Annual Conference and United Methodist Church and surrender my United Methodist ministerial credentials.

Printed Name

Date

Signature

Only complete and notarize this page if you cannot locate your membership certificate for return.

Substitute Annual Conference Membership:

(If you are unable to locate your Certificate of Conference Membership or Pastoral License for submission, please complete this section & have notarized)

___ 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

Date

Printed Clergy Name

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 and date