

CHANGE OF APPOINTMENT AND ADDRESS

• **Personal:**

Your ethnic identity: _____

Full name: _____ Spouse _____

Mailing address: _____

City: _____ State _____ Zip _____

Home phone: _____ Cell phone: _____

Office phone: _____ FAX: _____

Email address: _____

• **Conference Membership and Relations (*check any relevant boxes*):**

Name of Annual Conference: _____

Full Elder

Full Deacon

Probationary Elder

Probationary Deacon

Associate Member

Diaconal Minister

Local Pastor

Seminary Student

Certified Candidate

Minister of Non-UMC

On leave (family, disability, study, etc.)

Retired

• **Identity and address of the congregation you are appointed (*check any relevant boxes*):**

Name of the church: _____

Address: _____

City: _____ State _____ Zip _____

Website of the church: _____

Fully chartered UMC

Developing congregation

Non-UM ministry

Multi-racial congregation

African-American congregation

Anglo congregation

An Asian ethnic congregation (specify): _____

Position in the local church:

Pastor in charge

Co-Pastor

Associate

Other

• **Appointment Beyond Local Church (Extension Ministry):**

Appointment (institution): _____

Position: _____

EM1(¶344.1a)

EM2(¶344.1b)

EM3(¶344.1c)

EM4(¶344.1d)

• **Change of record as of _____**

Mail this form to:

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