

INTERIM CHANGE OF APPOINTMENT BETWEEN CONFERENCE SESSIONS

Within The South Georgia Annual Conference

Name _____

CONFERENCE RELATIONSHIP (check one):

<input type="checkbox"/> Deacon in Full Connection	<input type="checkbox"/> Retired Member	<input type="checkbox"/> Member Other Denomination
<input type="checkbox"/> Elder in Full Connection	<input type="checkbox"/> Full-Time Local Pastor	<input type="checkbox"/> Diaconal Minister
<input type="checkbox"/> Associate Member	<input type="checkbox"/> Part-time Local Pastor	<input type="checkbox"/> Deaconess
<input type="checkbox"/> Probationary Member (1992)	<input type="checkbox"/> Member Other Conference	
<input type="checkbox"/> Probationary Elder	<input type="checkbox"/> Other:	

LEAVE:

<input type="checkbox"/> Voluntary	<input type="checkbox"/> Family	<input type="checkbox"/> Sabbatical
<input type="checkbox"/> Involuntary	<input type="checkbox"/> Administrative	<input type="checkbox"/> Transitional

OTHER:

<input type="checkbox"/> Honorable Location	<input type="checkbox"/> withdrawal/surrender of ministerial office
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CHANGE OF STATUS: From _____ To _____ (e.g., FL to PL)

If remaining a member of another annual conference or denomination while serving this appointment, please enter conference or denominational name. _____

NOTE: If appointed to less than full-time service, *check* applicable fraction of time:

<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4
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Effective date of new appointment/status (month, day, year) _____

FROM _____ Charge/Appointment _____ District

Former mailing address _____

TO _____ Charge/Appointment _____ District

New mailing address _____

Email _____

Base compensation in new appointment \$ _____

Housing in new appointment:

<input type="checkbox"/>	Parsonage provided	<input type="checkbox"/>	Cash housing allowance	\$ _____	per year
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Check if appointed as:

<input type="checkbox"/>	Senior Pastor	(replacing)							
<input type="checkbox"/>	Associate Pastor	(replacing)							
<input type="checkbox"/>	Local Church Staff	(Title)							
<input type="checkbox"/>	Appointment as Extension Minister	<input type="checkbox"/>	FE	<input type="checkbox"/>	RE	<input type="checkbox"/>	PE	<input type="checkbox"/>	LP
<input type="checkbox"/>	Appointment Beyond the Local Church	(Deacon)							

Church phone _____ Home phone _____

Previous pastor at this charge _____

Date _____ Signature of District Superintendent _____

Furnish copies to:

<input type="checkbox"/>	Gene Cochran	<input type="checkbox"/>	Miriam Hagan	<input type="checkbox"/>	Brad Brady	<input type="checkbox"/>	Cathy Crawford	<input type="checkbox"/>	Episcopal Office
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Form AC ICA 

If this is a new person to our conference please supply the information requested on page 3

If this is a new person to the Conference please provide the following:

TITLE: (check one)

<input type="checkbox"/>	Rev.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Bishop	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.
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Preferred Name _____

First Name	Middle Name	Last Name	Suffix	Gender

Date of Birth (month, day, year) _____

RACE: (check one)

<input type="checkbox"/>	ASIAN	<input type="checkbox"/>	AFRICAN-AMERICAN/BLACK	<input type="checkbox"/>	HISPANIC
<input type="checkbox"/>	NATIVE AMERICAN	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	PACIFIC ISLANDER
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	WHITE

Ministry Start Date (month, day, year) _____

PREFERRED MAILING: (check one)

<input type="checkbox"/>	Home	<input type="checkbox"/>	Church
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HOME ADDRESS:

City		State		Zip	

PHONE NUMBERS:

Home		Fax		Cell	
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MARITAL STATUS:

<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single	<input type="checkbox"/>	Widowed
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SPOUSE:

First Name	Middle Name	Last Name	Date of Birth	Gender

DEPENDENTS: (living at home)

First Name	Middle Name	Last Name	Date of Birth	Gender