

INTERIM CHANGE OF APPOINTMENT BETWEEN CONFERENCE SESSIONS
 Within the South Georgia Annual Conference

Name _____

CONFERENCE RELATIONSHIP (check one):

<input type="checkbox"/>	Associate Member	<input type="checkbox"/>	Retired Member	<input type="checkbox"/>	Member, Other Conference
<input type="checkbox"/>	Deacon in Full Connection	<input type="checkbox"/>	Deaconess	<input type="checkbox"/>	Member, Other Denomination
<input type="checkbox"/>	Elder in Full Connection	<input type="checkbox"/>	Provisional Deacon - PD	<input type="checkbox"/>	Diaconal Minister
<input type="checkbox"/>	Full-Time Local Pastor	<input type="checkbox"/>	Provisional Elder - PE	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Part-Time Local Pastor	<input type="checkbox"/>	Lay Supply - SY	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

LEAVE:

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

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 denomination 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: _____

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"/>	White	<input type="checkbox"/>	

Ministry Start Date (month, day, year): _____

PREFERRED MAILING: (Check one)

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

Street Address:					
City		State		Zip Code	

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

CHURCH INFORMATION

MAILING ADDRESS:

Street Address:				
City		State		Zip Code

PHYSICAL ADDRESS:

Street Address:				
City		State		Zip Code

PHONE NUMBERS/EMAIL ADDRESSES:

Church		Fax		Email	
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CHURCH WEBSITE:

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