
Send a copy of this completed form to the church of your Charge Conference Membership **and** mail to the Indiana Conference Center, 301 Pennsylvania Pkwy, Suite 300, Carmel, IN 46280.

Date: _____

Your Name: _____

Name of Spouse: _____

Phone, incl area code: (_____) _____ email: _____

Primary Street Address: _____

City _____ St _____ Zip _____

Emergency Contact: _____ Phone, incl area code: (____) _____

Name of Church for your Charge Conference Membership (BOD ¶357.5):

District: _____ (*Central, East, North, North Central, Northeast, Northwest, South, Southeast, Southwest or West*)

Church you normally attend: _____

Winter Address (if different from Primary above) Dates: From _____ to _____

Primary Street Address: _____

City _____ St _____ Zip _____

Phone, incl area code: (_____) _____

Ministerial duties performed this past year: (*Please add additional pages, if needed, to list sermons, presiding at Holy Communion, baptisms, weddings, funerals, mentoring, workshops, etc.*)

Are you serving in a pastoral capacity in a local context of ministry: No Yes

If yes, name of church/ministry setting:

Have you spoken with your Conference Superintendent about your role in performing pastoral functions for approval by the Bishop (BOD ¶357.6)? No Yes