

2019-2020 Clergy/Diaconal Minister Information Form

If you are a clergy member or diaconal minister in the Wisconsin Annual Conference, and if you need to report additions or changes to your address information or service record information as it is recorded in the 2017 Wisconsin Annual Conference Journal, then please complete this form. Send the completed form to: **Rev. Susan A. Haller, Conference Secretary, 2223 N. 73rd Street, Milwaukee, WI 53213**, no later than June 29, 2019.

If your service record or personal information is unchanged, you do not need to return the form.

PLEASE NOTE: It is YOUR responsibility to provide accurate/updated name, address and contact information to the Conference Secretary for data base purposes and accurate Conference Journal information. THANK YOU!

Personal Information: Name: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____ Spouse's Name: _____	
Conference Relationship: <input type="checkbox"/> Elder in Full Connection <input type="checkbox"/> Deacon in Full Connection <input type="checkbox"/> Provisional Member-Elder Track <input type="checkbox"/> Diaconal Minister <input type="checkbox"/> Provisional Member-Deacon Track <input type="checkbox"/> Full Time Local Pastor <input type="checkbox"/> Associate Member <input type="checkbox"/> Part Time Local Pastor <input type="checkbox"/> Affiliate Member <input type="checkbox"/> Other Conference (346.1) <input type="checkbox"/> Deaconess <input type="checkbox"/> Other Denomination (346.2) <input type="checkbox"/> Student Pastor from Other Conferen <input type="checkbox"/> Supply Pastor Year you became a Provisional Membe.. _____ Year you became a Full Member: _____ Year you became a Diaconal Minister/Deaconess _____	Your Ethnic Group <i>(Information required to complete "Business of the Annual Conference" question number 57b)</i> <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial Please check the category with which you most closely identify your ethnic heritage – these categories are used by the General Council on Finance and Administration to define clergy ethnicity.
Appointment Information: Where will you be appointed at the 2019 Conference Session? _____ District: (Please check one): <input type="checkbox"/> North West <input type="checkbox"/> North Central <input type="checkbox"/> North East <input type="checkbox"/> South West <input type="checkbox"/> South East This is a <input type="checkbox"/> Change of Appointment <input type="checkbox"/> Correction or update for the 2019 Conference Journal	
Address Information: Please complete the information for EACH church in the charge to which you are appointed. The street address should be the PHYSICAL LOCATION of the church. Check the appropriate box to indicate your preferred mailing address.	
Ch #1 or Office: _____ Street Address: _____ PO Box: _____ City: _____ State: ____ Zip: _____ Phone: _____ Fax: _____ E-Mail: _____ <input type="checkbox"/> Check if this is your preferred mailing address	Ch #2: _____ Street Address: _____ PO Box: _____ City: _____ State: ____ Zip: _____ Phone: _____ Fax: _____ E-Mail: _____ <input type="checkbox"/> Check if this is your preferred mailing address
Ch #3: _____ Street Address: _____ PO Box: _____ City: _____ State: ____ Zip: _____ Phone: _____ Fax: _____ E-Mail: _____ <input type="checkbox"/> Check if this is your preferred mailing address	Home: <input type="checkbox"/> Parsonage <input type="checkbox"/> Privately Owned <input type="checkbox"/> Rented Street Address: _____ PO Box: _____ City: _____ State: ____ Zip: _____ Phone: _____ Fax: _____ E-Mail: _____ <input type="checkbox"/> Check if this is your preferred mailing address

Please use the back of this form or an additional page to indicate changes or corrections in your Service Record.