

PERSONAL INFORMATION FOR DIRECTORY

- New information ☐
- Change information ☐

FULL NAME			
ETHNICITY (Please indicate to categorize in the Directory)		Annual Conference	
Jurisdiction (mark one)	·Northeastern <input type="checkbox"/> ·Southeastern <input type="checkbox"/> Western <input type="checkbox"/> ·North Central <input type="checkbox"/> ·South Central <input type="checkbox"/>	District	
Home Address	Street		
	City State Zip		
Telephone		Fax	
E-Mail			
OFFICE INFO.	Name of Church/School/ Organization etc.		
Other Address	Street		
Mailing address : Home address <input type="checkbox"/> Other address <input type="checkbox"/>	City State Zip		
Office Telephone		Office Fax	

CLERGY CONFERENCE RELATIONSHIP (Mark One)

- | | |
|--|---|
| <input type="checkbox"/> Elder, Full Member | <input type="checkbox"/> Other Denomination |
| <input type="checkbox"/> Probationary Elder | <input type="checkbox"/> Affiliate Member |
| <input type="checkbox"/> Local Pastor | <input type="checkbox"/> Seminary Student |
| <input type="checkbox"/> Diaconal Minister | <input type="checkbox"/> Deaconess |
| <input type="checkbox"/> Candidate for Ministry | <input type="checkbox"/> Home missionary |
| <input type="checkbox"/> Permanent Deacon, Full member | |
| <input type="checkbox"/> Permanent Deacon, Probationary member | |
|
 | |
| <input type="checkbox"/> KMC Appointed UMC | |
| <input type="checkbox"/> Other, specify (_____) | |
| <input type="checkbox"/> Retired Member (Month/Year Retired _____) | |
| - Organization or Church (if available) | |

POSITION

- ☐ Pastor
 ☐ Associate
 ☐ Co-Pastor
 ☐ Other (_____)

CHURCH RELATION

- | | |
|---|--|
| <input type="checkbox"/> Full Connection w/UMC
<input type="checkbox"/> Full Connect Process
<input type="checkbox"/> Mission Congregation
<input type="checkbox"/> Korean Methodist Church
<input type="checkbox"/> Other: Specify _____ | <input type="checkbox"/> Anglo Congregation
<input type="checkbox"/> Multi-Racial Congregation
<input type="checkbox"/> African-American Congregation
<input type="checkbox"/> Korean United Methodists Church
<input type="checkbox"/> English Speaking Korean-American Church
<input type="checkbox"/> Language Ministry: Specify _____ |
|---|--|

Mail this form to: **Asian-American & Pacific Islanders Ministries**
475 Riverside Drive, Room 1527
New York, NY 10115
 Fax to: **212-870-3895**
 E-mail to: scho@gbgm-umc.org

Please DO NOT call to give the personal information