

GA-PAUMCS 2017 MEMBERSHIP FORM
PROFESSIONAL ASSOCIATION OF UMC SECRETARIES

Enroll Me As A New Member

Renew My Membership

Emeritus Member
 Date of Retirement

Name: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (____) _____ Personal E-mail Address: _____ Birthday: _____

Employed by: _____ Address: _____

City: _____ St: _____ Zip Code: _____

Work Phone (____) _____ Fax (____) _____ Work E-mail Address: _____

Number of Years employed at the church/agency: _____ Title: _____

District: _____ Conference: North GA _____ South GA _____

Certified: Yes _____ No _____ Year _____ National PAUMCS Member: Yes _____ No _____

List ways you may be interested in serving the Chapter: _____

Date: _____

Signature: _____

Chapter Membership Dues **\$35.00**

(Membership dues are due and payable in **January** of each year.)

**Make check payable to Georgia PAUMCS and mail check with complete form to:
Salem UMC, Attn: Annette Harmon, 3962 Salem Rd., Covington GA 30016**