

GA-PAUMCS 2019 MEMBERSHIP FORM

PROFESSIONAL ADMINISTRATORS OF THE UNITED METHODIST CONNECTIONAL STRUCTURE

Enroll Me As A New Member Renew My Membership Emeritus/Retired Member

Name: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone (____) _____ Preferred E-mail Address: _____ Birthday: _____

Employed by: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone (____) _____ Business E-mail Address: _____

Number of Years employed at the church/agency: _____

District: _____ Conference: North GA _____ South GA _____

Certified: Yes/No ____ Year ____ Advanced Certified: Yes/No ____ Year ____ National PAUMCS Member: Yes/No

List ways in which we can assist you or ways you would to be involved in GA PAUMCS: _____

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**