



PROFESSIONAL ADMINISTRATORS  
OF THE UNITED METHODIST  
CONNECTIONAL STRUCTURE

## GA-PAUMCS 2023 MEMBERSHIP FORM

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

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birthday: \_\_\_\_\_

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Preferred E-Mail: \_\_\_\_\_

Employed By: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

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 \_\_\_ Year \_\_\_\_\_

List ways in which we can assist you or ways you would like 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 completed form to:**

**Salem UMC, Attn: Annette Harmon, 3962 Salem Rd., Covington, GA 30016**