



PROFESSIONAL ADMINISTRATORS
OF THE UNITED METHODIST
CONNECTIONAL STRUCTURE

GA-PAUMCS 2025 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:
Josie Hickom, PO Box 201680, Cartersville, GA 30120**