INTERIM CHANGE OF APPOINTMENT BETWEEN CONFERENCE SESSIONS

Within the South Georgia Annual Conference

Nan	ne													
CONFERENCE RELATIONSHIP (check one):														
	Associate	Member				Retired Me	mber		Ме	mber,	Other Conference			
Deacon in Full Connection					Deaconess				Member, Other Denomination					
	Elder in Full Connection Provisional Deacon - Full-Time Local Pastor Provisional Elder - Pl							con - PD	Dia	Diaconal Minister				
	Full-Time	Local Pas	tor			Provisional	Elde	r - PE	Oth	ner:				
	Part-Time	Local Pas	stor			Lay Supply	- SY							
LEA	VE:													
	Administra	tive		Invo	lunta	ry		Personal			Transitional			
	Family Med					Sabbatical								
ОТН	HER:													
	Honorable	Location						withdrawal/s	urrender c	of minis	terial office			
CHA	ANGE OF	STATU	S: Fro	m				to			(e.g., FL to PL)			
	_							nination while	_		pintment, please enter			
NOT	ΓΕ: If appo	inted to les	ss than	full-tir	me se	ervice, check	appli	cable fraction	of time:					
	1/4	1/2			3/4									
Effec	ctive date of	new appo	intmen	t/statu	ıs (mo	onth, day, ye	ar) _							
FROM Charge/Appointment D											District			
Form	ner mailing a	address: _												
то_						Charg	je/Ap	pointment			District			
New	mailing add	lress:												
Emai	il:													

Base compensation in new appointment \$											
Housing in new appointment:											
	Parsonage provided		Ca	sh ho	ousing all	owa	nce	per year			
Check if appointed as:											
	Senior Pastor	(replacing):								
	Associate Pastor (replacing):										
	Local Church Staff (Title):										
	Appointment as Extension I		FE		OE		PE		LP		
	Retired Supply										
	Appointment Beyond the Lo	cal Church		(Deaco	icon)						
Chu	urch phone					Hor	ne P	hone			
Pre	vious pastor at this charge _										
	vious puotei at alle charge _										
Dat	e: Signatu	re of Distric	t Su	perinten	dent	:					
Fur	nish copies to:										
	Jay Harris <u>jharris@sgaumc.com</u> fax: 478-738-9768	der	ek@sga	McAleer @sgaumcadmin.com 78-738-9768					r Dickson r@sgaumcadmin.com 8-738-9768		
	Episcopal Office Meredyth Earnest bishopsec@sgaumc.com meredyth@sgaumc.com										

Form AC ICA

If this is a new person to our conference, or a first time appointment, please supply the information requested on pages 3 & 4

TIT	LE: ((Check o	ne)															
	Re	Rev. Dr.					Bis	shop		Mr.		Mrs.			Ms.			
Preferred Name:																		
First Name Middle Name Last Name Suffix Gender																		
Date of Birth (month, day, year)																		
RA	CE: (Check o	ne)						1			1	1					1
	Asia	an		Africa	an-Ame	erican	/Black			Hispanic				Native	Ame	rican		
	Othe	er		Pacif	ic Islan	der				White								
Min	istry	Start Da	te (m	onth,	day, ye	ear):												-
PR	EFER	RRED M	AILIN	IG : (C	heck o	ne)	1											
	Hor	me					Chur	ch										
но	ME A	ADDRES	s:															
		ddress:]
City	,							State			Zip (Code						_
		NUMBE	RS:					1					<u> </u>					7
Hor	ne					F	ax				C	ell						
MA	RITA	L STAT	US:															
	N	Married				Divo	rced			Single				,	Widov	ved		
SP	OUSE	E:			· · · · · · ·									l l				1
Fire	t Nar	me		N	Middle	Name		L	₋ast Na	ame		Date	e c	of Birth			Gende	r
DE	PENI	DENTS:	(livin	g at ho	ome)						I						1	
								Last Name			Date of Birth				Gende	r		

CHURCH INFORMATION												
MAILING ADDRESS:												
Street Add	dress:											
City			State						Zip Code			
PHYSICA	L ADDRESS:											
Street Add	dress:											
City	State Zip Code											
PHONE NUMBERS/EMAIL ADDRESSES:												
Church		Fax				Email						
CHURCH	CHURCH WEBSITE:											