

**This form to be completed every year by every member by February 15 - Individual \$25 Staff \$40**

## **OHIO CHAPTER**

*Professional Administrators of the United Methodist Connectional Structure (PAUMCS).*

**Member Profile for 20\_\_\_\_\_**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street or P.O. Box City State Zip

Member of (church) \_\_\_\_\_ Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_ **New** \_\_\_ **Renewal** - Joined \_\_\_\_\_ Fall meetings attended \_\_\_\_\_ Spring meetings attended \_\_\_\_\_

GCFA Certification completed \_\_\_\_\_ National PAUMCS member \_\_\_\_\_ Date joined \_\_\_\_\_

\_\_\_ Individual \_\_\_ Staff with \_\_\_\_\_

Home Phone \_\_\_\_\_ Office phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Home email \_\_\_\_\_ Office email \_\_\_\_\_

Work at (Church) \_\_\_\_\_ Church in Conference \_\_\_\_\_

Office Address \_\_\_\_\_

Prefer contact at home or office \_\_\_\_\_ Church membership where work? \_\_\_\_\_ Size of Staff \_\_\_\_\_

(Complete one) \_\_\_ Full time \_\_\_ Part time Hrs pr week \_\_\_\_\_ \_\_\_ Volunteer Hours per week \_\_\_\_\_

\_\_\_ I am interested in serving as an officer of PAUMCS – please list office \_\_\_\_\_

\_\_\_ I/We are interested in hosting an Ohio Chapter Annual Conference

\_\_\_ I would like to be included on the Prayer Chain

Skills/resources/information that may be helpful to the membership \_\_\_\_\_

Signature \_\_\_\_\_ Date completed \_\_\_\_\_

Checks payable to: Ohio PAUMCS Mail to: Lorri Phile, Membership Chair, 53 Towne Commons Way #13, Cincinnati OH 45215-6139

----- **Chapter use only** -----

Date recorded \_\_\_\_\_ Individual \_\_\_ Staff \_\_\_ Emeritus \_\_\_ Check # \_\_\_\_\_ Acknowledgement sent \_\_\_\_\_

Notes for Nominating Committee: \_\_\_\_\_