

# NATIONAL FELLOWSHIP OF ASSOCIATE MEMBERS AND LOCAL PASTORS

## APPLICANT/ MEMBER RENEWAL INFORMATION

**MEMBERSHIP:    NEW        RENEWAL    (PLEASE CIRCLE ONE AND COMPLETE CHANGES FOR RENEWALS)**

Name:		
Date of birth:	Phone:	Cellphone:
Current address:		
City:	State:	ZIP Code:
AM    PLP    FLP <i>(Please circle)</i>	Retired: Yes    No <i>(Please Circle)</i>	No. Years of Service:

### MINISTRY LOCATION

Conference and Church/ Charge Serving:		
Address:		How long?
Phone:	Fax:	Email:
City:	State:	ZIP Code:

### EMERGENCY/ ADDITIONAL CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### SPOUSE'S INFORMATION

Name:		
Date of birth:	Pastor: Yes    No <i>(Please Circle)</i>	Phone:

### SPOUSE'S MINISTRY INFORMATION (IF JOINT MEMBERSHIP APPLICATION)

Conference and Church/ Charge Serving:		
Address:		
Phone:	Fax:	Email:
City:	State:	ZIP Code:
AM    PLP    FLP <i>(Please Circle)</i>	Retired: Yes    No <i>(Please Circle)</i>	No. Years of Service:

### SIGNATURE(S)

I (We) certify the accuracy of the information provided on this form. I have enclosed my \$35.00 annual dues (\$45.00 for a Clergy Couple) and understand that these amounts are due annually on January 31 to the Membership Secretary. Please complete all information each year so we can keep our records current. Your email may be used to communicate NFAM&LP information to you electronically. Your signature gives permission to use the email(s) you provide. Your email will not be shared with anyone for any purpose other than internal NFAM&LP business.

This completed form, along with a check made payable to "NFAM&LP" should be mailed to:

Rev. Will Clark  
IOFUMC  
1821 San Pablo Rd. Jacksonville, FL 32224

Signature of Applicant/ Member:	Date:
Signature of Spouse <i>(only if for a joint membership):</i>	Date:
Received by the Membership Secretary:	Date:
Amount Received:	\$
Check Number	