

Information Review for UCC Ministers of the Western North Carolina Association

Statement of Purpose

The *UCC Manual On Ministry (Section 8)* states that Association Committees on the Ministry are responsible for gathering updated information on a regular and timely basis from those they have authorized for ministry. The purpose of gathering this information is to verify that authorized ministers still qualify for the ministerial authorizations they have been granted. This form is circulated by the Church and Ministry Commission of Western North Carolina Association (WNCA) to provide a means for ordained, licensed, and commissioned ministers of this Association to participate in the annual Information Review. The information you provide is needed and valued, so please respond thoughtfully, legibly, and quickly! Send your completed form to office@wnca-soc.org OR mail it to:

**Western North Carolina Association, UCC
P.O. Box 4265, Salisbury, NC 28145**

Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Current mailing address: _____

Telephone Numbers:

Office: _____ Home: _____ Cell: _____

Fax: () _____ E-mail: _____

I am an: Ordained Minister Licensed Minister Commissioned Minister

Date of ordination/licensing/commissioning: _____

I am a: Minister of a church Chaplain Pastoral Counselor

Association/Conference/National/Institutional staff member

Other: _____

Please give the name and location of the UCC church of which you are a member:

My current church/ministry/call is:

(Name of church, institution, pastoral counseling center, duty location, etc.)

To the best of my knowledge, the status of my standing in the WNCA is (please check all that apply):

- I do not hold standing in this Association
- I hold full/active standing
- I have privilege of call, which was granted for one year on _____ (Date)
- I was granted license for one year on _____ (Date)
- I am retired I plan to retire: _____ (Date)
- I have dual standing with _____ (Denomination)
- Granted leave of absence: _____ (Date)
- Renewed leave of absence: _____ (Date)
- Transfer/red my standing to: _____ (Association/Conference)
- My standing has been suspended until: _____ (Date)
- My standing has been terminated.
- I want to terminate my standing in this Association.

Signature: _____

Date: _____

Please sign and date this form, then return it as soon as possible to the address listed on the first page, or by email to:

office@wnca-soc.org

Thank you for your response!