

# Professional Association of United Methodist Church Secretaries (PAUMCS)

**MEMBERSHIP: ENROLLMENT / RENEWAL / UPDATE** (website: www.PAUMCS.org)

*Make your membership check payable to PAUMCS*

- Enroll me as a NEW National Member** - \$50 annual membership dues
- Renewal of National Membership - \$50 annual membership dues
- Renewable Retired - \$25.00 annual membership dues

**NOTE:** *If newly retired, please send a written request for retired status to the PAUMCS Membership Secretary, Terri Pagani (e-mail: pagani5@comcast.net or mail: 55 Southampton Drive, Willingboro, NJ 08046), For additional information, contact by phone: (609) 877-7788.*

**Please Type or Print** (*Current members, please circle new info*)      **Membership Year:** 2015      **Date:**

Title:     Ms     Mrs.     Mr.

Full Name:				Spouse's Name:	
	<b>Last</b>	<b>First</b>	<b>MI</b>		

Employer:	Annual Conference:	
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Job Title:	Years Employed
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Bus Mail Address:	City/State/Zip:	
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Bus Phone:	Bus Fax:	Bus Email: <small>PLEASE PRINT CLEARLY</small>	
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Previous UMC Employment:	Years Employed:
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Home Address:	City/State/Zip:	
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Home Phone: ( Unlisted? <input type="checkbox"/> )	Home Email: <small>PLEASE PRINT CLEARLY</small>	
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Preferred Mailing Address:    Business <input type="checkbox"/> Home <input type="checkbox"/>	Birth Date (MM/DD):
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Add email to Prayer Net:    Yes <input type="checkbox"/> No <input type="checkbox"/> Already on <input type="checkbox"/>	E-mail:
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Add email to Linking Hands:    Yes <input type="checkbox"/> No <input type="checkbox"/> Already on <input type="checkbox"/>	E-mail:
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National PAUMCS Membership (Year Joined):	Have you attended an annual conference?	Last Year Attended:
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Name of Local Chapter:	Year Joined Chapter:
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Officer/Committee Member Local:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Position currently held:
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GCFA Certification:    Yes <input type="checkbox"/> No <input type="checkbox"/> Year:	Renewed Certification:    Yes <input type="checkbox"/> No <input type="checkbox"/> Latest Year:
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GCFA Advanced Certification:    Yes <input type="checkbox"/> No <input type="checkbox"/> Year:	
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Check ethnic background (for statistical data only)	African American/Black <input type="checkbox"/>	Asian American <input type="checkbox"/>	Hispanic American <input type="checkbox"/>	Native American <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>	Multi-Racial <input type="checkbox"/>
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**Additional Information On Reverse Side**

Educational Background:

The following questions and space give you – the member - an opportunity to tell the Executive Committee some of the things you think would be helpful for PAUMCS to do for its members. The membership secretary will share your ideas and interests with the Executive Committee.

If called to serve as an officer or on a committee for national PAUMCS, would you be interested? Yes  No  Maybe

In what office(s) or area(s)?

Please indicate past PAUMCS service (national or local chapter):

***Please list your special gifts, passions, leadership experience, and your dreams and suggestions for PAUMCS:***

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***Please mail your check and completed form to:***  
General Council on Finance & Administration of the United Methodist Church (GCFA)  
**Attn: PAUMCS**  
PO Box 340029  
Nashville, TN 37203-0029