

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

OHIO CHAPTER

Professional Association of United Methodist Church Secretaries (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 _____ Employment email _____

Employed by (Church) _____ Church in Conference _____

Employer's Address _____

Prefer contact at home or office _____ Church membership where employed _____ Size of Staff _____

(Complete one) ___ Full time ___ Parttime 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: Vicki Miller, Membership Ch - First UM P.O. Box 729 Newark, Ohio 43058

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

Date recorded _____ Ohio Individual ___ Staff ___ Emeritus ___ Check # _____ Membership acknowledgement sent _____

Notes for Nominating Committee: _____
