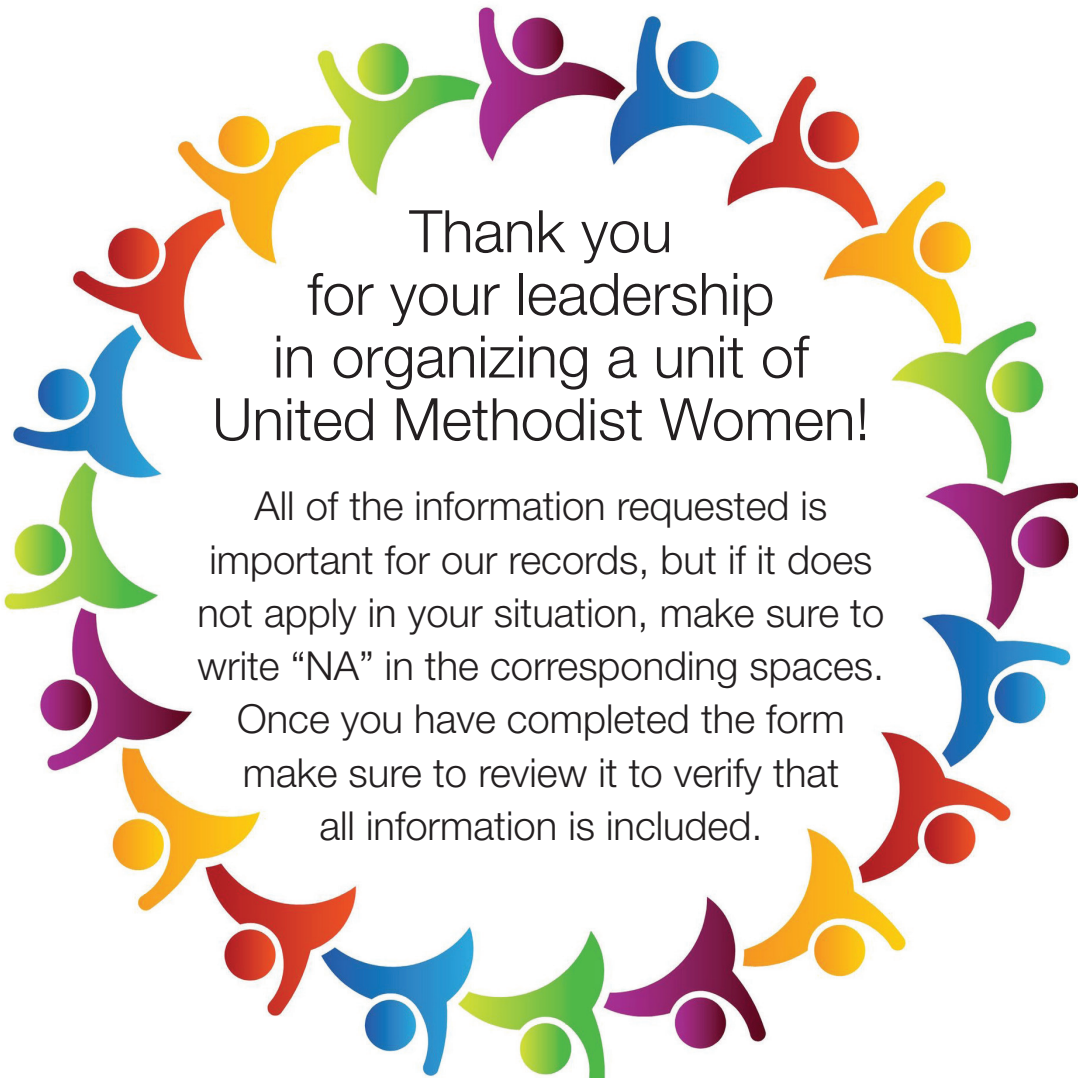


Unit Application Form



Thank you
for your leadership
in organizing a unit of
United Methodist Women!

All of the information requested is important for our records, but if it does not apply in your situation, make sure to write "NA" in the corresponding spaces. Once you have completed the form make sure to review it to verify that all information is included.



United
Methodist
Women

FAITH · HOPE · LOVE IN ACTION

**If you should have any questions,
feel free to contact us at:**

Office of Membership
475 Riverside Drive, 15th Floor
New York, NY 10115
Phone: (212) 870-3725
Fax: (212) 870-3736
membership@unitedmethodistwomen.org

**Please complete the
form and send one
copy to the Office of
Membership and your
District Membership
Coordinator. Please
keep a copy for
your records.**

Part I. United Methodist Women unit organization. Please make sure to fill in every space with as much information as possible. If the information does not apply or is not available, write "NA" in the space. Make sure to type or write legibly.

New unit Reorganization or merger

In every local church there shall be an organized unit of United Methodist Women.

The Book of Discipline of The United Methodist Church 2016, ¶1256.5

Unit type

Check one

Local

Cluster/Charge

District

Virtual/Online

UNITED METHODIST WOMEN UNIT INFORMATION

Name of unit

Name of conference and district

Date of informational meeting

Date of Service of Celebration

Languages

English

Spanish

Korean

Tongan

ORGANIZER OR CONTACT PERSON INFORMATION

Name

Phone

Address

E-mail

City, State & ZIP

United Methodist Women unit position

Facebook page

CHURCH INFORMATION (for local units), if applicable

Name of church

Phone

Church address

Fax

E-mail

City, State & ZIP

Website address

Pastor's name

Is there more than one congregation meeting in this church building?

No

Yes

Please describe below

Congregation	Language	Women members	United Methodist Women members

CIRCLES INFORMATION

Name of circle	Emphasis, characteristics and/or primary language	Number of participants

Instructions

1. Send one copy to your District Membership Coordinator.
2. Mail one copy to: Office of Membership
475 Riverside Drive, 15th Floor
New York, NY 10115
Phone: (212) 870-3725
Fax: (212) 870-3736
membership@unitedmethodistwomen.org

Part II. Cluster units. Please list other churches involved. If additional space is needed, feel free to reproduce any part of this form for your convenience.

1. CHURCH INFORMATION

Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
Website address			
Pastor's name			
Is there more than one congregation meeting in this church building? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Please describe below			
Congregation	Language	Women members	United Methodist Women members

2. CHURCH INFORMATION

Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
Website address			
Pastor's name			
Is there more than one congregation meeting in this church building? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Please describe below			
Congregation	Language	Women members	United Methodist Women members

3. CHURCH INFORMATION			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
Website address			
Pastor's name			
Is there more than one congregation meeting in this church building? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Please describe below			
Congregation	Language	Women members	United Methodist Women members

Part III. Elected or appointed to leadership. Please list persons in leadership positions.			
1. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
2. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
3. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			

4. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
5. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
6. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
7. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
8. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
9. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			

10. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			
11. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & ZIP			

Part IV. Unit membership list. Please list the names of all new unit members.			
Please have each member complete the myUMW survey form on the United Methodist Women's website www.unitedmethodistwomen.org/myumw to receive their membership card.			
Name		Phone	
Address		E-mail	
City, State & ZIP			
Name		Phone	
Address		E-mail	
City, State & ZIP			
Name		Phone	
Address		E-mail	
City, State & ZIP			
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Address		E-mail	
City, State & ZIP			
Name		Phone	
Address		E-mail	
City, State & ZIP			