

Ohio Chapter
Professional Association of United Methodist Church Secretaries
Member Profile for 2012

For Office Use Only	
Date Recorded	_____
Ohio	_____
Staff	_____
Emeritus	_____
Check #	_____
Card Sent	_____

Personal Information: Ohio New Renewal

Note: This form, front and back, is to be completed every year by every member.

Name _____

Please indicate your preferred mailing address ___ Home ___ Office

(Home) _____

Number and Street

PO Box

City _____ State _____ Zip + 4 _____

Phone _____

Home

Office

FAX

Employed by (Church) _____ Are you a member there? _____

or (Agency) _____

Address _____

Number and Street

PO Box

City _____ State _____ Zip + 4 _____

Email address(s) _____ Birth date (Month/day) _____

Spouse _____

Conference (circle) East Ohio West Ohio District _____

Current title _____ Number of years in this position _____

Full time _____ Part time _____ Volunteer _____ Hours per week _____

Names of other staff members: (if staff membership) _____

If employed by or volunteer in the local church, please answer these questions, if not turn to the back:

How large is your Church Membership (number) _____

Size of Staff _____

Ohio PAUMCS Membership

Year joined _____ Number of Fall meetings attended _____ Number of Spring meetings attended _____

I would like to be included on the Prayer Chain _____

Positions interested in (check one or more):

President _____ Vice President _____ Recording Sec _____

Membership Sec _____ Treasurer _____ Nominations _____

Publicity/Newsletter _____ At-Large Member _____ Wherever Needed _____

Would you like to host an Ohio Chapter Annual Conference? _____

Education Background

GCFA Certification: Date completed _____ In process _____ Interested _____

Are you a NATIONAL PAUMCS member? _____

Information you feel may be helpful: _____

Signature _____ Date this form was completed _____

~~~~~  
Space for Nominating Committee Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Membership Dues: **Ohio Chapter: \$25.00 Individual Membership**  
or **\$40.00 Staff Membership** ENCLOSED AMOUNT \$ \_\_\_\_\_

Make checks payable to: **Ohio PAUMCS**  
Send to: **Vicki Miller % 1<sup>st</sup> UMC PO Box 729 Newark, Oh 43058**  
[vmiller@firstumcnewark.org](mailto:vmiller@firstumcnewark.org) 740-349-7020

**Please include this Profile Sheet (s).**

A 2012 membership card will be mailed to you after we receive your membership dues and completed Profile Sheet.