

INFORMATION UPDATE FORM
Chicago Metropolitan Assn - UCC

Please mail, fax or email this form to:

Chicago Metropolitan Assn UCC, 1407 East 60th Street, Chicago, IL 60637
Email: ilconfwayne@gmail.com; Phone: 773-324-7650 ; Fax: 773-324-7692

DATE: _____

Title & Full Name: _____

Gender: Male Female Category: Clergy In-Discernment Lay Date of Birth: _____

Home Address: _____

Hm Phone: _____ Cell Phone: _____ Wk Phone: _____

Preferred Email: (Indicate Home or Work) _____

Current Employer: _____

Position: _____ Year Called or Started: _____

Work/Call Address: _____

Local Church Membership: _____ City: _____

Race/Ethnicity: African-American Asian/Pacific Islander European-American
 Latino(a)/Hispanic Native American Other: _____

_____ ORDAINED: Date _____ What denomination? _____

_____ LICENSED: Date _____ What denomination? _____

_____ COMMISSIONED: Date _____ What denomination? _____

If you currently hold UCC standing, please indicate where:

Association _____

Conference _____

Current Status of UCC Ministerial Standing:

_____ Active

_____ Dual - indicate denomination: _____

_____ Suspended: dates _____

_____ Retired: date _____

_____ Leave of Absence: dates _____

If not UCC, to what denomination do you belong? _____

SIGNATURE: _____