

Charge Conference CHECKLIST FOR 2023-2024

Church _____

This sheet provides a list of forms/reports to be returned at the charge conference. The checklist should be completed and placed at the front of your charge conference materials. This will allow the District Superintendent to readily identify missing forms/reports. You may put the reports in a 3 ring binder or notebook. These reports are also available on the Coastal Bend District website at Coastalbendumc.org **PLEASE DO NOT PRINT YOUR REPORTS DOUBLE SIDED.**

**** Action Item or part of action item requiring vote**

- _____ 1. **2024 Church/Pastor Compensation Report (one form for each appointed Pastor) ****
Instructions and health flex rates. (to be completed on www.riotexas.org website) and not on the forms in your packet. **
- _____ 2. **Local Information Sheet (complete with mailing & email addresses). ****
- _____ 3. **Registration Form for Lay Membership to the 2024 Rio Texas Conference. Send original to District Office - we will forward a copy to Rio Tx conference ****
Registration Form for Lay Delegates at large (emailed separately to specified churches to be included in your Charge Conference packets to District Office)**
- _____ 4. **Lay Servant Ministries Annual Report/Application Form(s) ****
- _____ 5. **Declaration of Candidacy for Ordained Ministry-Charge Conference Recommendation****
- _____ 6. **Annual Report of the Deacon ****
- _____ 7. **2024 Equitable Compensation Request Form (if applicable)****
- _____ 8. **Report of the Finance Committee**
- _____ 9. **Report of Trustees**
- _____ 10. **Report of Pastor**
- _____ 11. **Charge Conference Continuing Education Report (one form for each appointed pastor)**
- _____ 12. **Trusted con Confianza Report including church's safety policy**
- _____ 13. **Request Form for Church Conference**
- _____ 14. **Fund Balance Report (due in January with year end reports)**
- _____ 15. **Copy of Financial Audit for 2023 (due in 2024 when complete)**
- _____ 16. **Membership Audit (due in January with year end reports)**

The action items should be approved ahead of time by the church's governing body.

2024 Pastor Compensation Form for 1- Point Charge/Church



Effective Dates: From: **1-Jan-2024** To: **31-Dec-2024**

Line #	Part I - General, Pastor, and Charge/Church	Info & Calculations	Line #	Charge Expense
1	Pastor Name (Select green cell, then use drop-down button to find pastor's name.) >	Select Pastor's Name	1	
2	Appointment Title	\$0	2	
3	Conference Relationship	\$0	3	
4	% Service (Full Time=100%, 3/4 time=75%, half time=50%, quarter time=25%)	0%	4	
5	Charge Name (Select green cell, then use drop-down button to find Name of Charge) >	SELECT CHARGE'S NAME	5	
6	District	\$0	6	
9	Church is Former Rio Grande Conference (RGC) Legacy Church > (If "Yes", then some benefit expenses are paid through Legacy Funds)	\$0	9	
Line #	Part II - Salary		Line #	Charge Expense
10	Base Salary Paid by Church		10	
11	Conference or District Salary Support (must be requested & approved)		11	
12	Total Salary to Pastor from Church(es) + Conference/District Salary Support	\$ -	12	
13	Type of Housing Supplied by Church to Pastor	None	13	
14	Housing Allowance supplied instead of Parsonage		14	
15	Pre-tax deduction from Pastor's Salary for IRS 107 Exclusion as Pastoral Housing Cost	\$ -	15	
16	Plan Compensation For Pension Purposes	\$ -	16	
A Full Time Clergy must elect A UMPIP Contribution of at least 1% of Plan Compensation to receive full pension Benefits				
Line #	Part III - Health Benefits (HF = HealthFlex) See Notes		Line #	Charge Expense
17	Full-Time Clergy is Eligible and Premium Required for HealthFlex Plan	#N/A	17	
18	Pastor's HealthFlex Benefit Coverage Tier Selection	Pastor Only	18	
19	Church's Clergy HF Premium Credit Responsibility for Full-Time Appointment		19	#N/A
20	Optional "Church Contribution" for Dependent Coverage - Enter Amount		20	
21	Church's Total HealthFlex Cost For This Pastor		21	#N/A
Line #	Part IV - Pastor's Accountable Reimbursable Plan (ARP)		Line #	Charge Expense
22	Accountable Reimbursement Plan (ARP) Recommendation 13% of base compensation		22	\$ -
Line #	Part V - Recap of Charge/Church Costs		Line #	Charge Expense
23	Salary		23	\$ -
24	Housing Allowance		24	\$ -
25	Accountable Reimbursement Plan (ARP)		25	\$ -
26		Paid by RGC Legacy Funds	26	
27	Health Benefit Expense	#N/A	27	#N/A
28	Comprehensive Protection Plan (CPP)	\$ -	28	#N/A
29	Clergy Retirement Security Program (CRSP) defined benefit	\$ -	29	#N/A
30	Clergy Retirement Security Program (CRSP) defined contribution	\$ -	30	#N/A
31	UMPIP Church Contribution (for Part Time Appointments)	\$ -	31	\$ -
32	Total RGC Legacy Contribution >	#N/A	32	
33	Church's Total Compensation Expense (Excludes cost of Utilities)		33	#N/A
34	Church's Total Compensation Expense (Excludes cost of Utilities) LESS any RGC Legacy Contribution		34	#N/A

Part VI - Signatures

Pastor's Signature Name: Select Pastor's Name Date: _____
Signature ↑

Local Church Representative Name & Office / Signature: _____ Date: _____
Printed Name ↑ Signature ↑ Select Office this person holds

District Superintendent's Signature _____ Date: _____
Printed Name ↑ Signature ↑

NOTES:

¹ For calendar year 2024, pastors will have the opportunity to select from several different plans for health coverage. These selections will be made in Nov 2023 during the Annual Election Period. The church's clergy HealthFlex Premium Credit Responsibility for Full-Time Appointment is \$11,904. If the "Pastor Only" plan combination is more than \$11,904, the pastor will need to fund any excess premium through a pre-tax deduction from salary (Line 10). The church may elect to fund an optional "Church Contribution" for all or a portion of Family Dependent Health Coverage (Line 20). Any excess premium for dependent coverage not funded by the church will be funded through a pre-tax premium deduction from salary (Line 10).

² The pastor may elect to have salary withheld to participate in other benefit plans offered through the Rio Texas Conference. These include a pretax "Flex Plan" (DCR, HSA, MRA plans), retirement 403b plan UMPIP, and an optional life insurance plan.

2024 Compensation Form - Two -Point Charge



Effective Dates: From: To:

Line #	Part I - General, Pastor, and Charge	Info & Calculations	Line #	Charge Expense
1	Pastor Name (Select green cell, then use drop-down button to find pastor's name.) >	Select Pastor's Name	1	
2	Appointment Title	\$0	2	
3	Conference Relationship	\$0	3	
4	% Service (Full Time=100%, 3/4 time=75%, half time=50%, quarter time=25%)	0%	4	
5	Charge Name (Select green cell, then use drop-down button to find Name of Charge) >	SELECT CHARGE'S NAME	5	
6	District	\$0	6	
7	Churches in Charge: Name	0 0	7	
8	% Service to each Church (similar to Line 4) (Used to determine share of cost to each church.)	0.00% 0.00%	8	
9	Church is Former Rio Grande Conference (RGC) Legacy Church > (If "Yes", then some benefit expenses are paid through Legacy Funds)	0 \$0	9	
Line #	Part II - Pastor Salary		Line #	Charge Expense
10	Base Salary Paid by Church		10	\$ -
11	Conference or District Salary Support (must be requested & approved)	\$ -	11	
12	Total Salary to Pastor from Church(es) + Conference/District Salary Support	\$ -	12	
13	Type of Housing Supplied by Church to Pastor	None	13	
14	Housing Allowance supplied instead of Parsonage		14	\$ -
15	Pre-tax deduction from Pastor's Salary for IRS 107 Exclusion as Pastoral Housing Cost	\$ -	15	
16	Plan Compensation For Pension Purposes	\$ -	16	
A Full Time Clergy must elect A UMPIP Contribution of at least 1% of Plan Compensation to receive full pension Benefits				
Line #	Part III - Pastor and Dependents Health Benefits (HF = HealthFlex)		Line #	Charge Expense
17	Full-Time Clergy is Eligible and Premium Required for HealthFlex Plan	#N/A	17	
18	Pastor's HealthFlex Benefit Coverage Tier Selection	Pastor Only	18	
19	Church's Clergy HF Premium Credit Responsibility for Full-Time Appointment		19	#N/A
20	Optional "Church Contribution" for Dependent Coverage - Enter Amount		20	\$ -
21	Church's Total HealthFlex Cost For This Pastor		21	#N/A
Line #	Part IV - Pastor's Accountable Reimbursable Plan (ARP)		Line #	Charge Expense
22	Accountable Reimbursement Plan (ARP) Recommendation 13% of base compensation		22	\$ -
Line #	Part V - Recap of Charge/Church Costs		Line #	Charge Expense
23	Salary		23	\$ -
24	Housing Allowance		24	\$ -
25	Accountable Reimbursement Plan (ARP)		25	\$ -
26		Paid by RGC Legacy Funds	26	
27		\$ - \$ -	27	
28	Health Benefit Expense	#N/A #N/A	28	#N/A
29	Comprehensive Protection Plan (CPP)	\$ - \$ -	29	#N/A
30	Clergy Retirement Security Program (CRSP) defined benefit	\$ - \$ -	30	#N/A
31	Clergy Retirement Security Program (CRSP) defined contribution	\$ - \$ -	31	#N/A
32	UMPIP Church Contribution (for Part Time Appointments)	\$ - \$ -	32	\$ -
33	Total RGC Legacy Contribution >	#N/A #N/A	33	
34	Church's Total Compensation Expense (Excludes cost of Utilities)		34	#N/A
35	Church's Total Compensation Expense (Excludes cost of Utilities) LESS any RGC Legacy Contribution		35	#N/A

Expense for each church	
0	0
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!
#N/A	#N/A
#N/A	#N/A
#N/A	#N/A
#N/A	#N/A
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!

Part V Signatures

Pastor's Signature Name: Signature Date:

Local Church Representative Name & Office / Signature:

Church Name: Printed Name of Signer Signature Select Office this person holds Date:

Church Name: Printed Name of Signer Signature Select Office this person holds Date:

District Superintendent's Signature Printed Name Signature Date:

- NOTES:**
- For calendar year 2024, pastors will have the opportunity to select from several different plans for health coverage. These selections will be made in Nov 2023 during the Annual Election Period. The church's clergy HealthFlex Premium Credit Responsibility for Full-Time Appointment is \$11,904. If the "Pastor Only" plan combination is more than \$11,904, the pastor will need to fund any excess premium through a pre-tax deduction from salary (Line 10). The church may elect to fund an optional "Church Contribution" for all or a portion of Family Dependent Health Coverage (Line 20). Any excess premium for dependent coverage not funded by the church will be funded through a pre-tax premium deduction from salary (Line 10).
 - The pastor may elect to have salary withheld to participate in other benefit plans offered through the Rio Texas Conference. These include a pre-tax "Flex Plan" (DCR, HSA, MRA plans), retirement 403b plan UMPIP, and an optional life insurance plan.
 - The Pastor must provide copies to the Church Treasurer on any enrollment form/s or online benefit elections and the church should verify each monthly invoice to determine that the payroll is correctly handled.

2024 COMPENSATION FORM INSTRUCTIONS

These are the instructions for completing the 2024 Compensation Form. If you have any questions, please call your district office or the Conference Office at 210-408-4500

Effective Date - Please be sure to type in the start and end date. For most, this date will be January through December.

PART I GENERAL

Line 1 - Pastor Name - Choose from a Drop-Down List.

Click on the cell and a little down arrow will appear to its right. Scroll down until you find the correct pastor and click on his/her name. Lines 2, 3, and 4 will automatically calculate.

Line 5 - Charge Name - Choose From a Drop-Down List.

Click on the cell and a little down arrow will appear to its right. Scroll down until you find the correct charge and click on it. The remainder of the section automatically calculates.

PART II SALARY

Line 10 - Base Salary Paid by Church Entered by the Church

Compensation of the pastor is the responsibility of the local church. Each Staff Parish Relations Committee should determine a fair salary for the pastor. Once the salary is adopted, it can only be changed by Charge or Church Conference Action and should not be decreased during the conference year.

2024 Minimum Pastoral Support Policies:

- Full or Provisional member **\$45,750** per annum.
- Associate member **\$42,550** per annum.
- Approved Local Pastor or member of another denomination **\$39,020** per annum.

The Base Salary is increased by a bonus for the number of years served under appointment - \$75 for each year completed after 2nd year with a limit of \$1,425. Then it is increased by a bonus for multiple point charges - \$200 for 2nd church in charge and \$100 for each additional church in the charge.

The Minimum salary is adjusted and decreased incrementally if the pastor is appointed to less than full-time service of 75%, 50% and 25%.

Line 11 - Conference or District Support - Entered by the Church

The church/charge is responsible for providing for the compensation of the pastor. In some situations, the Conference and or the district may provide additional salary support to bring the salary to the minimum level required to meet the missional needs of the Church. Any amount in this line is subject to approval by the District or the Rio Texas Conference Commission on Equitable Compensation.

Line 12 - Total Salary to Pastor from Church Conference/District Salary Support Calculated Value: Total of all salary from church and connection sources.

Line 13 - Type of Housing Supplied by Church to Pastor Choose from the Drop-Down List

Options are:

- Parsonage
- Housing Allowance
- None

("None" shouldn't be chosen if the pastor is full time unless the church provides a parsonage in which the pastor has elected not to reside.) If the pastor is married to another clergy person and is living in a parsonage supplied by the other charge, then "Parsonage" should be selected.

Line 14 - Housing Allowance Supplied Instead of Parsonage - Enter by Church

Enter amount only if Housing Allowance is chosen from the Drop-Down List in Line 13. If you enter an amount and parsonage is selected from the Drop-Down List in Line 13, you will receive an error message. If parsonage is not supplied, then a housing allowance should be provided for all full-time appointments. The housing allowance should be adequate to provide housing in the area where church members normally live. It should not include the cost of utilities.

Line 15 - Pretax Salary Reduction for Exclusion as Additional Housing Allowance As Adopted by the Church

Pastors living in parsonages or with housing allowances often have some housing expenses not provided for by the church that will qualify under Internal Revenue Code 107 as excluded from income tax. These can include such expenses as lawn care, furniture, and light bulbs. To qualify, the pastor must request the additional IRS 107 exclusion amount and the church must designate the expense in advance. Including an amount in this line qualifies as such a designation. This is not an additional expense to the church, but the reclassification of a portion of the base salary entered on Line 10.

Line 16 - Plan Compensation for Pension Purposes - Calculated Value

Pension Plan Compensation is not a direct expense to the church but is used to calculate the cost of pension benefits and the expense of the church/conference in providing those benefits. It is the amount in line 12 increased by the housing allowance (line 14) or 25% of line 12 to represent the value of the provided parsonage.

PART III - HEALTH BENEFITS

For the calendar year 2024, pastors will have the opportunity to select from several different plans for health coverage. These selections will be made during the Annual Election Period in the fall of 2023. The Annual Election Period is a 3-week window; the specific dates will be announced in late September or early October.

The church's clergy HealthFlex Premium Credit Responsibility for Full-Time Appointment is **\$11,904**. The church may not "waive" the HealthFlex Premium Credit responsibility regardless of the pastor's participation in the HealthFlex Plan.

If the "Pastor Only" plan combination is more than **\$11,904**, the pastor will need to fund any excess premium through a pretax deduction from salary (Line 10). The church may elect to fund an optional "Church Contribution" for all or a portion of Family Dependent Health Coverage (Line 20). Any excess premium for dependent coverage not funded by the church will be funded through a pretax premium deduction from salary (Line 10).

Line 17 - Clergy is Eligible for HealthFlex Participation - Calculated

Clergy are eligible for participation if they are appointed to 100% full-time service. The categories "SY," "LY," and "TBS" are not clergy and are not eligible. Those in the retired relationship are also not eligible. If the calculated value is "No," then the pastor is not eligible and all that is necessary is to verify previous entries in the spreadsheet did not leave amounts in lines 20-24. The church's clergy HealthFlex Premium Credit Responsibility for eligible Full-Time Clergy is **\$11,904**.

Effective December 31, 2018, the HealthFlex Waiver provision was eliminated. Any church where a clergy has chosen to not participate in HealthFlex will need to fund the HealthFlex Premium Credit through direct billing. \$11,904 will need to be incorporated into the 2023 church budget and reported on the 2023 Compensation Form.

Line 18 - Pastor's HealthFlex Benefit Coverage - Pastor Chooses from Drop-Down List

Options are:

- (1) Pastor Only
- (2) Pastor Plus Spouse
- (3) Pastor Plus Family

Line 19 - Amount to be Billed to Church - Calculated value

For "Clergy Only" selection, the church's clergy HealthFlex Premium Credit Responsibility for Full-Time Appointment is **\$11,904**. If the church is a legacy church of the Rio Grande Conference, the Church's Minimum Cost (Line 20) will be paid by RGC Benefit Legacy Funds

Line 20 - Optional Church Contribution for Dependent Coverage – Enter Amount

The church may elect to fund an optional "Church Contribution" for all or a portion of Dependent (spouse and/or children) Health Coverage by entering an amount on Line 20. The 2024 HealthFlex Rates can be found on the 2024 HealthFlex Rates Worksheet – Tab 2. Any excess premium for dependent coverage not funded by the church will be funded through a pretax premium deduction from salary (Line 10).

Line 21 - Church Total HealthFlex Cost - Calculated Value

Church Total is equal to Lines 19 plus line 20, which includes the \$11,904 for the pastor and any additional optional amount entered on Line 20 for Dependent family coverage. If the "Pastor Only" plan combination is more than \$11,904 after making plan choices during the HealthFlex Annual Election period, the pastor will need to fund any excess premium through a pretax deduction from salary (Line 10).

PART IV - ACCOUNTABLE REIMBURSEMENT PLAN

Line 24 Accountable Reimbursement Plan - Entered by Church

It is recommended that this amount be equal to at least 13% of the total of the Pastor's Base Salary plus any Conference or District support.

PART V - RECAP OF CHURCH COST

These lines recap the church's compensation costs related to this pastor. They include Pension and Benefit Costs that are directly billed to the local church. They do not include the cost of parsonage utilities or utilities for pastors with housing allowances, which are not considered as compensation by the Rio Texas Conference and which should be paid by the church or reimbursed to the pastor. If the church is a Legacy church of the Rio Grande Conference, then the amount that is paid by Rio Grande Legacy Funds restricted for Benefits is shown and the amount is subtracted from the church's total expense.

- Comprehensive Protection Plan (CPP) 3% of Line 16
- Clergy Retirement Security Program (CRSP) defined benefit \$6,132 (Flat Rate)
- Clergy Retirement Security Program (CRSP) defined contribution 3% of Line 16
- For Part-Time Clergy ONLY – UMPIP Church Contribution 9% of Line 16

PART VI - SIGNATURES

Please ensure all required signatures are received and recorded with the appropriate date.

PAYROLL CONSIDERATIONS

The pastor may elect to have salary withheld to participate in other benefit plans offered through the Rio Texas Conference. These include a pretax "cafeteria plan" (DCR-Dependent Care Reimbursement and MRA-Medical Reimbursement Account and HSA-Health Savings Accounts), a retirement saving 403b plan, The UMPIP-United Methodist Personal Investment Plan, and an optional life insurance plan. The monthly invoice for benefits includes these amounts. The plan enrollment is in late October for the coming year. The pastor must copy the Church Treasurer on any enrollment form, and the local church should verify each monthly invoice to determine that the billing and payroll deductions are correct.

MINIMUM SALARY

Each Church/Charge is responsible for their own pastor's compensation.

2024 Minimum Pastoral Support Policies:

- Full or Provisional member **\$45,750** per annum.
 - Associate member **\$42,550** per annum.
 - Approved Local Pastor or member of another denomination **\$39,020** per annum.
-
- The Base Salary is increased by a bonus for the number of years served under appointment - \$75 for each year completed after 2nd year with a limit of \$1,425,
 - Then it is increased by a bonus for multiple point charges - \$200 for 2nd church in charge and \$100 for each additional church in the charge,
 - The Minimum salary is adjusted by the percentage of full time if the pastor is appointed to less than full-time service.

Rio Texas Annual Conference 2023 HealthFlex Rates

2023 Individual Premium Credit (PC)

	Monthly Contribution	Annual Direct Bill
Active Clergy	\$ 950	\$ 11,400
Pre-65 Retiree or Spouse	\$ 950	\$ 11,400
Medical Leave with CPP (Max 24 Months)	\$ 950	\$ 11,400
Conference Lay Employees	\$ 950	\$ 11,400

Each eligible active full-time clergy will receive a monthly individual Premium Credit in the HealthFlex plan of \$950 (funded through their Rio Texas Conference church) and will choose from six HealthFlex plan options.

Participants who choose a plan costing more than the PC credit amount or who choose to cover dependents will contribute the additional amount by a payroll deduction from their church to cover the cost difference between the PC amount they receive and their higher cost for monthly premiums (the participant's share of the premium cost). Covered dependents will be enrolled in the same plan selections chosen by the primary clergy or lay participant.

Lay employees of HealthFlex Church Plan Sponsors do not receive a premium credit, allowing churches to set the employee/employer cost-sharing. The church elects cost-sharing and will be billed on plan selections. A church must be a HealthFlex Plan Sponsor to offer HealthFlex to its eligible full-time lay employees. Please contact the Conference benefit office at 210-408-4500 for information and requirements on plan sponsorship.

Blue Cross Blue Shield National PPO Network 2023 HealthFlex Plan Options

MEDICAL PLANS	B1000	C2000	C3000	H1500	H2000	H3000
Participant	\$ 992	\$ 952	\$ 829	\$ 928	\$ 840	\$ 732
Participant + 1	\$ 1,885	\$ 1,809	\$ 1,575	\$ 1,761	\$ 1,596	\$ 1,392
Participant + Family	\$ 2,579	\$ 2,475	\$ 2,154	\$ 2,411	\$ 2,185	\$ 1,905

DENTAL PLANS	HMO	Passive PPO	Dental PPO
Participant	\$ 16	\$ 44	\$ 36
Participant + 1	\$ 28	\$ 88	\$ 71
Participant + Family	\$ 50	\$ 132	\$ 107

VISION PLANS	Exam Core	Full Service	Premier
Participant	\$ 0	\$ 8	\$ 14
Participant + 1	\$ 0	\$ 13	\$ 23
Participant + Family	\$ 0	\$ 20	\$ 36

2023 DEFAULT PLAN

Participants who are currently enrolled in HealthFlex will automatically be enrolled in the same medical, dental and vision plans for 2023 if no elections are made during the Annual Election Period. Full-time clergy and Conference lay employees new to the Conference will be enrolled in the C2000 default plan for all of 2023 if no election is made.

CLERGY FAMILY HEALTHFLEX GRANT (Participant+ Family).

The Board of Pensions established a financial need-based grant to assist clergy with a base salary at or near the minimum conference salary level with Family HealthFlex Coverage (Participant+ Family). In 2023, the grant is **\$666** per month or **\$7,992** annually. Clergy approved for the grant will receive the grant as a reduction in the monthly HealthFlex coverage billed to the church.

The grant requires family coverage under the Wespath HealthFlex plan, a District Superintendent's approval and a grant application demonstrating need-based eligibility with approval. For information on this grant or to request an application, contact the Conference Benefits Office at imuno@riotexas.org 210-408-4500.

2024 RIO TEXAS CONFERENCE MINIMUM COMPENSATION

This is the approved schedule for 2024. This will be the Minimum Base Compensation - Line A.

MINIMUM BASE COMPENSATION LEVELS ADOPTED FOR THE YEAR 2024	
\$45,750	Full or Provisional Members of the Annual Conference
\$42,550	Associate Members of the Annual Conference
\$39,020	Approved Local Pastor or an approved minister from another denomination

To calculate additional compensation for years of service (Line B) use this table. Each calculation has been rounded up to the next dollar.

ADDITIONAL COMPENSATION FOR YEARS OF SERVICE COMPLETED				
Year	Amount		Year	Amount
1	\$0		11	\$750
2	\$75		12	\$825
3	\$150		13	\$900
4	\$225		14	\$975
5	\$300		15	\$1,050
6	\$375		16	\$1,125
7	\$450		17	\$1,200
8	\$525		18	\$1,275
9	\$600		19	\$1,350
10	\$675		20 or more	\$1,425

COASTAL BEND DISTRICT BASIC INFORMATION SHEET - 2017

CHURCH		PHONE	
STREET ADDRESS			Zip:
PREFERRED Mailing Address or Box Number			Zip:
TIME OF WORSHIP SERVICES:			
CHURCH WEB PAGE:		CHURCH E MAIL:	
PASTOR:		E MAIL:	
ASSOCIATE:		E MAIL:	
ASSOCIATE:		E MAIL:	
ASSOCIATE:		E MAIL:	
ASSOCIATE:		E MAIL:	
CHURCH SECRETARY:		E MAIL:	
ADMIN. BOARD/COUNCIL CHAIRPERSON	Name:		Daytime phone:
	Address:		Zip:
	E-MAIL ADDRESS:		Home phone:
TRUSTEES CHAIRPERSON	Name:		Daytime phone:
	Address:		Zip:
	E-MAIL ADDRESS:		Home phone:
FINANCE CHAIRPERSON	Name:		Daytime phone:
	Address:		Zip:
	E-MAIL ADDRESS:		Home phone:
TREASURER	Name:		Daytime phone:
	Address:		Zip:
	E-MAIL ADDRESS:		Home phone:
LAY LEADER	Name:		Daytime phone:
	Address:		Zip:
	E-MAIL ADDRESS:		Home phone:
MISSIONS CHAIRPERSON	Name:		Daytime phone:
	Address:		Zip:
	E-MAIL ADDRESS:		Home phone:
UNITED METHODIST WOMEN CHAIRPERSON	Name:		Daytime phone:
	Address:		Zip:
	E-MAIL ADDRESS:		Home phone:
UNITED METHODIST MEN CHAIRPERSON	Name:		Daytime phone:
	Address:		Zip:
	E-MAIL ADDRESS:		Home phone:
PASTOR-PARISH RELATIONS CHAIRPERSON	Name:		Daytime phone:
	Address:		Zip:
	E-MAIL ADDRESS:		Home phone:

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2050

Church Name: **Beeville: First**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

Immediately after election, this signed form should be submitted to the Coastal Bend District Office. If not hand delivered to Rev. Laura Brewster at or before the charge or church conference, please mail or email to:

Coastal Bend District Office
3510 Gollihar Rd.
Corpus Christi, TX 78415-2759
sheilac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2060

Church Name: **Beeville: Jones Chapel**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

Immediately after election, this signed form should be submitted to the Coastal Bend District Office. If not hand delivered to Rev. Laura Brewster at or before the charge or church conference, please mail or email to:
Coastal Bend District Office
3510 Gollihar Rd.
Corpus Christi, TX 78415-2759
sheilac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2080

Church Name: **Bishop: First**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

Immediately after election, this **signed** form should be submitted to the Coastal Bend District Office. If not hand delivered to Rev. Laura Brewster at or before the charge or church conference, please mail or email to:

Coastal Bend District Office
3510 Gollihar Rd.
Corpus Christi, TX 78415-2759
shelac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2100

Church Name: **Bruni**

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

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sheljac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2120

Church Name: **CC: El Buen Pastor**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

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Corpus Christi, TX 78415-2759
sheliac@coastalbendumc.org

**Registration Form for Lay Members to the 2024 Rio Texas Conference
 Number of Lay Members for the Church: 3
 Deadline for Submission: JANUARY 22, 2024**

2130

Church Name: CC: First

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	
Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	
Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	
Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference. **Immediately after election, this signed form should be submitted to the Coastal Bend District Office. If not hand delivered to Rev. Laura Brewster at or before the charge or church conference, please mail or email to:**

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 Corpus Christi, TX 78415-2759
sheila@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2140

Church Name: CC: Grace

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

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shellac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2150

Church Name: CC: Island in the Son

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

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shellac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2160

Church Name: CC: Kelsey Memorial

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

Immediately after election, this signed form should be submitted to the Coastal Bend District Office. If not hand delivered to Rev. Laura Brewster at or before the charge or church conference, please mail or email to:

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sheljac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2170

Church Name: CC: St. John's

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

Immediately after election, this signed form should be submitted to the Coastal Bend District Office. If not hand delivered to Rev. Laura Brewster at or before the charge or church conference, please mail or email to:

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sheliac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2190

Church Name: CC: St. Paul

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

Immediately after election, this signed form should be submitted to the Coastal Bend District Office. If not hand delivered to Rev. Laura Brewster at or before the charge or church conference, please mail or email to:
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sheila@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2200

Church Name: **CC: St Peter's By The Sea**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

Immediately after election, this signed form should be submitted to the
at or before the charge or church conference, please mail or email to:

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Coastal Bend District Office
3510 Gollihar Rd.
Corpus Christi, TX 78415-2759
sheilac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2210

Church Name: **CC: Wesley**

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

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Corpus Christi, TX 78415-2759
shejac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2250

Church Name: Freer

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State:	Postal Code:
Email:			Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State:	Postal Code:
Email:			Cell Phone #:	

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

Immediately after election, this **signed** form should be submitted to the Coastal Bend District Office. If not hand delivered to Rev. Laura Brewster at or before the charge or church conference, please mail or email to:

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Corpus Christi, TX 78415-2759
shejac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2270

Church Name: **Goliad: Fannin St.**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Pastor's Signature: _____

Date: _____

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Corpus Christi, TX 78415-2759
shejac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2340

Church Name: **Kingsville: El Buen Pastor**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Pastor's Signature: _____

Date: _____

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sheila@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2350

Church Name: **Kingsville: First**

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Pastor's Signature: _____

Date: _____

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sheilac@coastalbendumc.org**

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2370

Church Name: **Mathis**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Pastor's Signature: _____

Date: _____

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Corpus Christi, TX 78415-2759
sheilac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2380

Church Name: Odem: First

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:			Cell Phone #:	

Pastor's Signature: _____

Date: _____

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shejac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2390

Church Name: Palacios

Rio Texas Conference District: Coastal Bend

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

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Corpus Christi, TX 78415-2759
sheliac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2430

Church Name: **Port Lavaca: First**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

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shellac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2440

Church Name: **Portland: First**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
	Email:		Cell Phone #:	

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

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shellac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2490

Church Name: **Rockport: First**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State:	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State:	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

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sheilac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2520

Church Name: **Seadrift**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

Note: Lay Members to the Annual Conference are elected by the charge or church conference.

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Corpus Christi, TX 78415-2759
sheliac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2530

Church Name: **Sinton: First**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

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sheilac@coastalbendumc.org

Registration Form for Lay Members to the 2024 Rio Texas Conference
Number of Lay Members for the Church: 1
Deadline for Submission: JANUARY 22, 2024

2540

Church Name: **Skidmore**

Rio Texas Conference District: **Coastal Bend**

Lay Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Alternate Member Registration: (PLEASE PRINT)

Name:	Mailing Address:	City:	State	Postal Code:
Email:		Cell Phone #:		

Pastor's Signature: _____

Date: _____

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shejac@coastalbendumc.org

**CERTIFIED LAY SERVANT
ANNUAL REPORT TO THE CHARGE CONFERENCE**

Initial Application or Request for Renewal



Report for year ending _____

SECTION I: DATA ON THE LAY SERVANT

Name (Mrs. ___ Ms. ___ Mr. ___) _____

Address _____ City/State/Zip _____

Telephone _____ E-mail _____

Name of District _____

Name of Church _____

Church Address _____ City/State/Zip _____

Church Telephone _____

SECTION II: STATUS OF THE LAY SERVANT

___ **For initial application** as a Certified Lay Servant

1. What year did you complete your Basic Course? _____

2. What year did you complete your Advanced Course? _____

3. What was the title of your Advanced Course? _____

___ **For renewal** as a Certified Lay Servant

1. What year did you complete your last Advanced Course? _____

2. What was the title of your last Advanced Course? _____

SECTION III: REQUEST OF THE LAY SERVANT

I request recommendation of my pastor and my church council/charge conference to begin/renew as a Certified Lay Servant for the ensuing year.

Date _____ Lay Servant _____

SECTION IV: RECOMMENDATION OF THE PASTOR

I recommend concurrence with the request of this person to begin/renew as a Certified Lay Servant for the ensuing year.

Date _____ Pastor _____

SECTION V: RECOMMENDATION OF THE CHURCH COUNCIL/CHARGE CONFERENCE

The church council/charge conference of _____ (church/charge)
recommends the above person begin/renew as a Certified Lay Servant for the ensuing year.

Date _____ Church Council Chair or District Superintendent _____

(To be completed by those requesting renewal as a Certified Lay Servant)

SECTION VI: MINISTRIES BY THE LAY SERVANT

During the past year, I have participated in ***caring ministries*** as follows:

- | | |
|---|--|
| <input type="checkbox"/> served as a volunteer in a care-giving institution | <input type="checkbox"/> provided one-on-one caring |
| <input type="checkbox"/> at a hospital, nursing home, or to a shut-in | <input type="checkbox"/> in membership/evangelism visitation |
| <input type="checkbox"/> served in caring/outreach projects (food pantry, prison ministry, etc) | |
| <input type="checkbox"/> other caring activities (Please list) _____ | |

During the past year, I have participated in ***leading ministries*** as follows:

- served as member of committee, board, commission, council, task force, etc.
- as a volunteer at a community agency
- at my local church
- beyond my local church
- on my District Conference Jurisdiction General Church level
- other leading activities (Please list) _____

During the past year, I have participated in ***communicating ministries*** as follows:

- brought message in _____ worship services
- served as worship leader in _____ services
- delivered _____ devotional messages
- taught _____ classes
- shared my faith story _____
- other speaking activities (Please list) _____

During the past year I have participated in additional opportunities for ministry as follows (*Additional writing space below*):

SECTION VII: PERSONAL AND SPIRITUAL GROWTH BY THE LAY SERVANT

In what activities have you engaged and/or what books have you read or used during the past year to help you develop your devotional life; improve your understanding of the Bible; improve your understanding of The United Methodist Church; and to improve your skills in caring, leading, communicating and speaking?

SECTION VIII: FEEDBACK BY THE LAY SERVANT

1. Do you feel called to be in service in any area of ministry, either in the church or outside the church, in which you are not currently involved? Yes No (If yes, please list those areas below.)

2. What additional training or support do you need or would suggest to further your ministry:

3. Give any recommendations you have for improving Lay Servant Ministries in your District or Conference:

(Note: District Directors are encouraged to respond to any comments within this section.)

NOTICE: After this form is completed and signed by those listed above, the Recording Secretary of the Church Council or Charge Conference is requested to reproduce **THREE** copies: (1)Lay Servant, (2)District Director of Lay Servant Ministries, (3)District Superintendent. The Recording Secretary of the Church Council or Charge Conference keeps the **ORIGINAL**. (Revised April 2014)

**LAY SPEAKER
ANNUAL REPORT TO THE CHARGE CONFERENCE**

Initial Application or Request for Renewal



Report for year ending _____

SECTION I: DATA ON THE LAY SPEAKER

Name (Mrs. ___ Ms. ___ Mr. ___) _____
Address _____ City/State/Zip _____
Telephone _____ E-mail _____
Name of District _____
Name of Church _____
Church Address _____ City/State/Zip _____
Church Telephone _____

SECTION II: STATUS OF THE LAY SPEAKER

___ **For initial application** as a Lay Speaker

1. Are you currently a Certified Lay Servant? ___ Yes ___ No
2. What year did you complete your Basic Course? _____
3. What year did you complete your Advanced Course for certification as a lay servant? _____
4. What was the title of your Advanced Course? _____
5. Which of the following required Lay Speaking courses have been completed?
___ Leading Worship ___ Leading Prayer ___ Discovering Spiritual Gifts
___ Preaching ___ United Methodist Heritage ___ United Methodist Polity

(Upon completion of the required course work, the Lay Speaker candidate will be examined by the district committee on Lay Servant Ministries and recommended to the conference committee on Lay Servant Ministries to be considered for certification.)

___ **For renewal** as a Lay Speaker

1. What year did you first become certified as a Lay Speaker? _____
2. Date of last review of Lay Speaker status: _____ Approved: ___ Yes ___ No
3. What year did you complete your last Advanced Course? _____
4. What was the title of your last Advanced Course? _____

SECTION III: REQUEST OF THE LAY SPEAKER

I request recommendation of my pastor and my charge conference to begin/renew as a Lay Speaker for the ensuing year.

Date _____ Lay Servant _____

SECTION IV: RECOMMENDATION OF THE PASTOR

I recommend concurrence with the request of this person to begin/renew as a Lay Speaker for the ensuing year.

Date _____ Pastor _____

SECTION V: RECOMMENDATION OF THE CHURCH COUNCIL/CHARGE CONFERENCE

The church council/charge conference of _____ (church/charge)
recommends the above person begin/renew as a Lay Speaker for the ensuing year.

Date _____ Church Council Chair or District Superintendent _____

(To be completed by those requesting renewal as a Lay Speaker)

SECTION VI: MINISTRIES BY THE LAY SPEAKER

During the past year, I have participated in ***caring ministries*** as follows:

- served as a volunteer in a care-giving institution provided one-on-one caring
 at a hospital, nursing home, or to a shut-in in membership/evangelism visitation
 served in caring/outreach projects (food pantry, prison ministry, etc)
 other caring activities (Please list) _____

During the past year, I have participated in ***leading ministries*** as follows:

- served as member of committee, board, commission, council, task force, etc.
 as a volunteer at a community agency
 at my local church
 beyond my local church
 on my District Conference Jurisdiction General Church level
 other leading activities (Please list) _____

During the past year, I have participated in ***communicating ministries*** as follows:

- brought message in _____ worship services
 served as worship leader in _____ services
 delivered _____ devotional messages
 taught _____ classes
 shared my faith story _____
 other speaking activities (Please list) _____

During the past year I have participated in additional opportunities for ministry as follows (*Additional writing space below*):

SECTION VII: PERSONAL AND SPIRITUAL GROWTH BY THE LAY SPEAKER

In what activities have you engaged and/or what books have you read or used during the past year to help you develop your devotional life; improve your understanding of the Bible; improve your understanding of The United Methodist Church; and to improve your skills in caring, leading, communicating and speaking?

SECTION VIII: FEEDBACK BY THE LAY SPEAKER

1. Do you feel called to be in service in any area of ministry, either in the church or outside the church, in which you are not currently involved? Yes No (If yes, please list those areas below.)

2. What additional training or support do you need or would suggest to further your ministry:

3. Give any recommendations you have for improving Lay Servant Ministries in your District or Conference:

(Note: District Directors are encouraged to respond to any comments within this section.)

NOTICE: After this form is completed and signed by those listed above, the Recording Secretary of the Charge Conference is requested to reproduce **THREE** copies: (1)Lay Speaker, (2)District Director of Lay Servant Ministries, (3)District Superintendent. The Recording Secretary of the Charge Conference keeps the **ORIGINAL**. **(Revised September 2016)**

**CERTIFIED LAY MINISTER
ANNUAL REPORT TO THE CHARGE CONFERENCE**

Initial Application or Request for Renewal



Report for year ending _____

SECTION I: DATA ON THE CERTIFIED LAY MINISTER

Name (Mrs. ___ Ms. ___ Mr. ___) _____
Address _____ City/State/Zip _____
Telephone _____ E-mail _____
Name of District _____
Name of Church _____
Church Address _____ City/State/Zip _____
Church Telephone _____

SECTION II: STATUS OF THE CERTIFIED LAY MINISTER

___ **For initial application** as a Certified Lay Minister

1. Are you currently a Certified Lay Servant? ___ Yes ___ No
2. What year did you complete your Basic Course? _____
3. What year did you complete your Advanced Course for certification as a lay servant? _____
4. What was the title of your Advanced Course? _____
5. Which of the following required Lay Speaking courses have been completed?
___ Module 1: Call and Covenant for Ministry ___ Module 2: The Practice of Ministry
___ Module 3: Organization for Ministry ___ Module 4: Connection for Ministry

(Upon completion of the required course work and after completion of appropriate screening and assessment, the CLM candidate requests a letter of recommendation from his/her District Superintendent. The CLM candidate then applies in writing and appears before, the district committee on ordained ministry for interview and recommendation for certification.)

___ **For recertification** as a Certified Lay Minister

1. What year did you first become certified as a Lay Minister? _____
2. Date of last review of CLM status: _____ Approved: ___ Yes ___ No
3. What year did you complete your last approved continuing education event? _____
4. What was the title of your last approved continuing education event? _____

(Upon completion of the required course work and after completion of appropriate screening and assessment, the CLM candidate requests a letter of recommendation from his/her District Superintendent. The CLM candidate then applies in writing and appears before, the district committee on ordained ministry for interview and recommendation for certification.)

SECTION III: REQUEST OF THE CERTIFIED LAY MINISTER

I request a recommendation from my pastor and church council or charge conference to become or continue as a Certified Lay Minister.

For those not currently under assignment:

___ I request a ministry review by my church council/charge conference where my membership is held. *(every two years)*

For those currently under assignment:

___ I request a ministry review by the church council/charge conference where I am assigned. *(every two years)*

Date _____ Certified Lay Servant/Certified Lay Minister _____

SECTION IV: RECOMMENDATION OF THE PASTOR (for initial application)

I recommend concurrence with the request of this person to become or continue as a Certified Lay Minister.

Date _____ Pastor _____

SECTION V: RECOMMENDATION OF THE CHURCH COUNCIL/CHARGE CONFERENCE

The church council/charge conference of _____ (church/charge) recommends the above person become or continue as a Certified Lay Minister.

Date _____ Church Council Chair _____

SECTION VI: MINISTRIES OF THE CERTIFIED LAY MINISTER

During the past year, I have participated in ***caring ministries*** as follows:

- served as a volunteer in a care-giving institution
- provided one-on-one caring
- at a hospital, nursing home, or to a shut-in
- in membership/evangelism visitation
- served in caring/outreach projects (food pantry, prison ministry, etc)
- other caring activities (Please list) _____

During the past year, I have participated in ***leading ministries*** as follows:

- served as member of committee, board, commission, council, task force, etc.
- as a volunteer at a community agency
- at my local church
- beyond my local church
- on my District Conference Jurisdiction General Church level
- other leading activities (Please list) _____

During the past year, I have participated in ***communicating ministries*** as follows:

- brought message in _____ worship services
- served as worship leader in _____ services
- delivered _____ devotional messages
- taught _____ classes
- shared my faith story _____
- other speaking activities (Please list) _____

During the past year I have participated in additional opportunities for ministry as follows (*Additional writing space below*):

SECTION VII: PERSONAL AND SPIRITUAL GROWTH BY THE CERTIFIED LAY MINISTER

In what activities have you engaged and/or what books have you read or used during the past year to help you develop your devotional life; improve your understanding of the Bible; improve your understanding of The United Methodist Church; and to improve your skills in caring, leading, communicating and speaking?

SECTION VIII: FEEDBACK BY THE CERTIFIED LAY MINISTER

Do you feel called to be in service in any area of ministry, either in the church or outside the church, in which you are not currently involved? Yes No (If yes, please list those areas below.)



Declaration of Candidacy for Licensed or Ordained Ministry Charge Conference Recommendation

General Instructions:

- Date of Charge Conference approval must be within one (1) year prior to the date of the District Committee on Ordained Ministry Interview for Certification as a Candidate

Part I: Declaration of Candidacy for Licensed or Ordained Ministry

I hereby declare my candidacy for licensed or ordained ministry in the United Methodist Church and request the support and recommendation of the Charge Conference for certification as a candidate for:

_____ Order of Deacons _____ Order of Elders _____ License as Local Pastor

Signature of Declared Candidate

Date

Recommendation of Charge Conference (or equivalent body) for Candidacy

Let those who consider recommending persons for candidacy as licensed or ordained ministers in the United Methodist Church ask themselves the following questions which were first asked by John Wesley at the third conference of Methodist preachers in 1746.

1. Do they know God as a pardoning God? Have they the love of God abiding in them? Do they desire nothing but God? Are they holy in all manner of conversation?
2. Have they gifts, as well as grace, for the work? Have they a clear, sound understanding; a right judgment in the things of God; a just conception of salvation by faith? Do they speak justly, readily, clearly?
3. Have they fruit? (For the Elder and Local Pastor candidate...) Have any been truly convinced of sin and converted to God, and are believers edified by their preaching? (For the Deacon candidate...) Are others edified by their service?

Believing that _____ is called of God and is a suitable candidate for licensed or ordained ministry in the United Methodist Church, the Charge Conference of _____

_____ recommends him/her for **certification as a candidate by the District Committee on Ordained Ministry**. In making this recommendation, we attest to the fact that the declared candidate has been a professing member in good standing of the United Methodist Church or a baptized participant of a recognized United Methodist ministry for at least one year, has graduated from an accredited high school or received a certificate of equivalency, and has **received by written ballot a two-thirds vote of the charge conference**.

Authorized Elder, District Superintendent, or Bishop

Date

District

Presiding Elder, please submit this completed form and the completed S/PPRC Recommendation Form to the appropriate contact person for District Committee on Ordained Ministry. Please provide a copy of completed form to the candidate.



ANNUAL REPORT OF THE DEACON

Form for the Appointment of Deacon in Full Connection
or Provisional Member in the Deacon Track

The General Council on Finance and Administration

PART I

Name: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____ Business Address: _____

_____ City: _____

_____ State: _____ Zip: _____ Home Address: _____

_____ City: _____

_____ State: _____ Zip: _____ Preferred address for mailing

purposes and inclusion in the journal: Home: _____ Business:

Clergy membership status: Full Connection Provisional

Annual Conference: _____

Charge Conference: _____ District: _____

PART II (Attach sheet if needed)

1. If you are serving in a setting extending the witness and service of Christ in the world (§331.1a), give the name and address of the institution or agency.

According to §331.4, deacons in full connection serving in an agency or setting beyond the local church shall relate to a local congregation. Give the name and address (including district and conference) of the local church to which you relate and serve as your second appointment.

2. If your primary field of service is in the local church, give the name and address of the local church, district, and conference.

Read ¶328 and ¶329 of The Book of Discipline. Reflect, and write about the ways in which you have lived out your call to the ministry of the deacon connecting the congregation with the needs of the world.

Describe in what new ways you envision connecting the congregation with the needs in the world.

According to ¶419 the district superintendent shall receive a report of each clergy person on his or her program of continuing education and spiritual growth. According to ¶350 list the ways you have fulfilled your plans for your continuing personal formation during the past year, including spiritual enrichment, service, missional, and continuing education opportunities.

According to ¶350 describe your plans for your continuing formation during the year ahead.

(Attach additional pages if necessary)

Signature _____ Date _____

SEND COPIES TO:

1. The Bishop
2. District Superintendent
3. Board of Ordained Ministry
4. Bishop of the area in which you serve, if other than area of which you are a member.
5. Conference Secretary
6. Charge Conference

Copies of this report may also be used to inform the General Board of Higher Education and Ministry

The Commission on Equitable Compensation and Moving Expenses
Request for Equitable Compensation Grant - 2024
(Incomplete Form Will Be Returned)

Date of Application _____ Funding Period: _____ to _____
Pastor's Name: _____ Work Phone: _____ Home Phone: _____
Mailing Address: _____
E-Mail Address _____

PASTOR'S CONFERENCE MEMBERSHIP:

- Full Member Associate Member Provisional Member
 Approved Local Pastor Other Denomination Other _____

COMPENSATION TO BE PAID BY THE LOCAL CHURCH(ES): (do not include requested grant amount)					
Name of Church(es) (each church if more than one on Charge)	Membership	Housing Allowance (Parsonage)	Worship Attendance	Base Salary (Do not include grant amount)	SPRC Chair Initials
Total (add all Lines of Base Salary) ENTER THIS AMOUNT ON LINE "E" BELOW			Leave Blank		Leave Blank

MINIMUM BASE COMPENSATION CALCULATION:

(Please refer to table on reverse side for Minimum Base Compensation and additions for number of years of service)

- A. Minimum Base Compensation (see instructions on other side) \$ _____
B. Additional Compensation for years of service (see instructions on other side) \$ _____
C. Additional Compensation for multi-point Charge (see instructions on other side) \$ _____
D. **Total Minimum Base Compensation due pastor** (add A + B + C) \$ _____
E. **Base Salary to be Paid by Local Church(es)** (should be same as shown in chart above) \$ _____
F. **Amount Requested from the Equitable Compensation Fund** \$ _____
(D - E) Note: This amount CANNOT be more than 50% of line D

Additional Information: (Refer to the Equitable Compensation Report in the latest Conference Journal)

- Has Pastor's compensation been approved at Charge/Church Conference? YES NO Date _____
Has a stewardship/financial campaign been concluded in the last year? YES NO
Does pastor's reimbursable expense equal 13% or greater of the pastor's compensation? YES NO \$ _____
Were Ministerial Support, World Service / Conference Benevolence paid in full in the last year? YES NO
If this is not a 1st time, full calendar year request, has charge increased amount paid to pastor by at least 10%? YES NO
Is the church's upcoming year budget and a previous or current-year financial statement showing revenues and expenditures included? YES NO

If the answer to any of the above questions is "NO", an explanation is required in the District Superintendent's cover letter.

Number of years this exact charge has received Equitable Compensation? _____
Number of paid staff (not including clergy): Full-time _____ Part-time _____ Total value of unrestricted funds \$ _____

Finance Chair(s) Signature(s) _____ Pastor's Signature _____

District Superintendent's Signature _____

INSTRUCTIONS (1 through 7)

1. Grants are usually made on a January to January basis. If applying for a partial year, use annual figures in this request and indicate the number of months for the request in the Funding Period section.
(Note: Requests which overlap two calendar years will not be approved.)
2. This is the approved schedule for 2024. This will be the Minimum Base Compensation - Line A.

MINIMUM BASE COMPENSATION LEVELS ADOPTED FOR THE YEAR 2024	
\$45,750	Full or Provisional Members of the Annual Conference
\$42,550	Associate Members of the Annual Conference
\$39,020	Approved Local Pastor or an approved minister from another denomination

3. To calculate additional compensation for years of service (Line B) use this table. Each calculation has been rounded up to the next dollar.

ADDITIONAL COMPENSATION FOR YEARS OF SERVICE COMPLETED				
Year	Amount		Year	Amount
1	\$0		11	\$750
2	\$75		12	\$825
3	\$150		13	\$900
4	\$225		14	\$975
5	\$300		15	\$1,050
6	\$375		16	\$1,125
7	\$450		17	\$1,200
8	\$525		18	\$1,275
9	\$600		19	\$1,350
10	\$675		20 or more	\$1,425

4. Additional Compensation for Multi-point Charge (Line C) is \$200 for second church and \$100 for each additional church.
5. To be eligible for participation each charge must show signs of viability including, but not limited to:
 - a) An average worship attendance of at least 45 is recommended. For churches with lower attendance the district superintendent will submit in writing his/her understanding of the reasons for the charge's viability.
 - b) Conduct an every member stewardship program each year.
 - c) Increase the amount the local church is paying toward the pastor's compensation by at least 10% each full calendar year.
 - d) Adopt an ARP for professional expenses which is at least 13% of total compensation.
 - e) Every church is expected to pay apportionments in full. Any church paying less than 100% will be expected to increase the percentage of apportionments paid by not less than 10% per year while receiving assistance.
 - f) Describe the mission field to which the church or charge is called to relate and what specific missional goals, strategies, and plans the church or charge has for reaching that missional field.
 - g) Pay the Pastor's health insurance and pension direct billing per the policy of the Annual Conference.

Failure to comply with any of these conditions must be explained in writing by the District Superintendent.

6. Requests for equitable compensation must be submitted in accordance with the following standardized format set by the Commission:
 - a) A cover letter from the district superintendent, which shall explain any extenuating circumstances, especially for requests beyond the 3 year maximum policy and/or charges that are declining in membership, and/or failing to pay apportionments in full. The cover letter shall have four (4) attachments:
 - b) Request form initialed by the SPRC Chair(s) and signed by the Finance Chair(s), Pastor, and DS
 - c) A copy of the charge's previous year's financial statement to include revenue and expenses and all funds on hand at the end of the year
 - d) A brief summary of the charge's vision and goals for the forthcoming year
 - f) A copy of the upcoming year's budget
7. Applications should be submitted by the church or the District Superintendent to Nan Pyle at npyle@riotexas.org. Requests that are not submitted in accordance with the above instructions will be returned for proper completion.

La Comisión para Compensación Equitativa y Gastos de Mudanza
Solicitud para Subvención de Compensación Equitativa - 2024
 (Formulario incompleto será devuelto)

Fecha de Aplicación _____ Período de Subvención: _____ a _____
 Nombre del Pastor: _____ Teléfono (Casa): _____ (Trabajo): _____
 Dirección: _____
 Dirección E-Mail _____

MEMBRESÍA CONFERENCIA DE PASTOR:

- Plena Conexión Miembro Asociado Miembro Provisional
 Pastor Local Licenciado Otra Denominación Otra _____

COMPENSACIÓN PAGADA POR EL CARGO PASTORAL: (no incluir la cantidad solicitada)					
Nombre de Iglesia(s) (cada iglesia si hay mas que una en el cargo pastoral)	Número de Miembros	Subsidio de Vivienda (Casa Pastoral)	Número de Asistentes	Salario Base	Iniciales del Presidente de la SPRC
Total (añadir las líneas del salario base) ENTER THIS AMOUNT ON LINE "E" BELOW	Deja Vacío				Deja Vacío

CÁLCULO DE LA COMPENSACIÓN BASE MÍNIMA:

(Please refer to table on reverse side for Minimum Base Compensation and additions for number of years of service)

- A. **Compensación Base Mínima**
(instrucciones se encuentran al otro lado) \$ _____
- B. **Compensación Adicional por años de servicio**
(instrucciones se encuentran al otro lado) \$ _____
- C. **Compensación Adicional por un cargo multipuntual**
(instrucciones de encuentran al otro lado) \$ _____
- D. **Compensación Base Mínima Total que se debe al pastor**
(añade A + B + C) \$ _____
- E. **Salario Base Pagada por la(s) iglesia(s) local(es)**
(igual a lo que aparece en la tabla arriba) \$ _____
- F. **Cantidad Solicitada del Fondo de Compensación Equitativa**
(D - E) Note: La cantidad NO PUEDE SER más que 50% de línea D \$ _____

Información Adicional: (Consulte la política conferencial de Compensación Equitativa)

- ¿Se aprobó la compensación pastoral en la Conferencia de Cargo? SÍ NO Fecha _____
- ¿Realizaron una campaña de mayordomía durante el año pasado? SÍ NO
- ¿El nivel de reembolso para gastos ministeriales es igual a 13% o más que la compensación pastoral? SÍ NO \$ _____
- ¿Se pagaron las benevolencias del apoyo ministerial, servicio mundial, y de la conferencia el año pasado? SÍ NO
- ¿Si no es la primera solicitud, ha aumentado el cargo la cantidad pagada al pastor de por lo menos 10%? SÍ NO
- ¿Está incluido el reporte financiero o presupuesto indicando los ingresos y gastos de la iglesia para este año y el año pasado? SÍ NO

Si la respuesta a cualquiera pregunta arriba es «NO», se debe explicar en la carta del Superintendente.

Número de años este cargo pastoral ha recibido Compensación Equitativa: _____

Número de personal pagado (no clerical): Tiempo Completo _____ Tiempo Parcial _____

Valor de fondos sin restricciones \$ _____

Firma del Presidente de Finanzas _____

Firma del Pastor _____

Firma del Distrito Superintendente _____

INSTRUCCIONES (1 a 7)

1. Usa figuras anuales en esta solicitud aún si la solicitud es para un año incompleto.
(Nota: Solicitudes que incluyen más que un año serán rechazadas.)

2. Aquí se encuentra el horario oficial para 2024 para la Compensación Base Mínima - Línea A.

NIVELES MINIMOS DE COMPENSATION ADOPTADOS PARA 2024	
\$45,750	Miembros de la Conferencia Annual en Plena Conexión o Provisionales
\$42,550	Miembros Asociados de la Conferencia Annual
\$39,020	Pastor Local Licenciado o Pastor Aprobado de Otra Denominación

3. Para calcular compensación adicional para años de servicio (línea B al otro lado) usa esta tabla. Cada cálculo se ha redondeado al dólar aproximado.

COMPENSACIÓN ADICIONAL PARA AÑOS DE SERVICIO RENDIDO				
Año	Cantidad		Año	Cantidad
1	\$0		11	\$750
2	\$75		12	\$825
3	\$150		13	\$900
4	\$225		14	\$975
5	\$300		15	\$1,050
6	\$375		16	\$1,125
7	\$450		17	\$1,200
8	\$525		18	\$1,275
9	\$600		19	\$1,350
10	\$675		20 o más	\$1,425

4. Compensación Adicional para un Cargo Multipuntual (línea C al otro lado) son \$200 para la segunda iglesia y luego \$100 por cada iglesia demás.

5. Para ser elegible a participar, cada cargo debe mostrar señas de viabilidad, inclusive, entre otros:

- a) Se recomienda un promedio de asistencia al culto de por lo menos 45. Para las iglesias con menor asistencia, el superintendente de distrito presentará por escrito su entendimiento de las razones de la viabilidad del cargo.
 - b) Llevar a cabo un programa de administración para todos los miembros cada año.
 - c) Aumentar la cantidad que la iglesia local está pagando por la compensación del pastor en al menos un 10 % por año
 - d) Adoptar un plan de reembolso responsable para los gastos profesionales de un pastor que sea al menos el 13% de la compensación total
 - e) Se espera que cada iglesia pague las asignaciones de Servicio Mundial/Conferencia en su totalidad. Se espera que cualquier iglesia que pague menos del 100% aumente la cantidad de asignaciones de Servicio Mundial/Conferencia en no menos del 10% por año mientras recibe asistencia.
 - f) Describir el campo misionero hacia el cual la iglesia o cargo se relaciona y cuáles metas específicas misioneras, estrategias, y planes tiene la iglesia para alcanzar aquel campo misionero.
 - g) Pagar el seguro de salud del pastor y la facturación directa de la pensión según la política de la Conferencia Annual
- El superintendente de distrito debe explicar por escrito el incumplimiento de cualquiera de estas condiciones.

6. Las solicitudes de compensación equitativa deberán presentarse de acuerdo con el siguiente formato estandarizado establecido por la Comisión:

- a) Una carta de presentación del superintendente de distrito, que explicará cualquier circunstancia atenuante, especialmente para solicitudes que excedan la póliza máxima de 3 años y/o cargos que están disminuyendo en la membresía y/o no pagan las asignaciones en su totalidad. La carta de presentación tendrá cuatro (4) anexos:
- b) Formulario de solicitud con las iniciales de los presidentes de SPRC y firmado por los presidentes de finanzas, el clero y el SD
- c) Una copia del estado financiero del año anterior del cargo que incluya ingresos y gastos y todos los fondos disponibles al final del año
- d) Un breve resumen de la visión y metas del cargo para el próximo año
- e) Una copia del presupuesto del próximo año

7. Las solicitudes deben ser enviadas por la iglesia o el Superintendente del Distrito a Nan Pyle a npyle@riotexas.org. Solicitudes que no se entregan de acuerdo a las instrucciones serán devueltos para ejecución correcta.



Report of the Finance Committee

The report of the Finance Committee shall be made on this form, or one revised and adapted by the Annual Conference. Numbers in parentheses refer to paragraphs of the 2016 *Book of Discipline*.

Copies of this report should be filed with the recording secretary, pastor, district superintendent and chairperson of the committee on finance

_____ Church _____ Charge
 _____ District _____ Annual Conference

For the period beginning _____ and ending _____
DATE OF PRIOR CHARGE CONFERENCE DATE OF CURRENT CHARGE CONFERENCE

I. ORGANIZATION

1.a. Has the committee been organized according to the 2016 *Book of Discipline* (§258.4)? Yes No

b. Names of officers?

Chairperson _____ Vice Chairperson _____

Treasurer(s) _____ Financial Secretary _____

II. BUDGET AND COMMITMENT PLAN

2.a. Has the committee submitted to the Church Council, or its equivalent, a complete budget for the ensuing year? Yes No

If not, why not?

b. Did the committee give the Church Council an opportunity to request financial support for recommended ministries (§258.4)? Yes No

If not, why not?

3. How frequently does the Financial Secretary/Treasurer send members and contributors regular reports of their giving?

Monthly Quarterly Semi-annually Annually No, we do not send reports

4. Is giving by individual participants in the local church regularly reviewed? Yes No;

If not, why not?

5. What are the plans for raising sufficient income to meet the budget adopted by the Church Council (§258.4)?

6. Does the Financial Secretary/Treasurer report regularly to the Church Council on the giving trends in the church/charge? Yes No

If not, why not?

III. THE HANDLING OF CHURCH FUNDS

7. Does the Treasurer regularly make reports to the Committee on Finance and the Church Council on the financial position of the church (§258.4b)? Yes No

If not, why not?

8. Are all benevolences and other connectional funds remitted monthly to the conference treasurer (§258.4b)?

Yes No

If not, why not?

9.a. What bank(s) have been designated by the Church Council as a depository (§258.4d)?

b. Are all accounts FDIC insured and in amounts at or below the current FDIC insurable limit? Yes No

If not, why not?

c. Are all accounts in the name of the church? Yes No

If not, why not?

10.a. Has the committee established written financial policies to document the internal controls of the local church (§258.4d)? (*Attach as a supplement.*) Yes No

b. Have these policies been reviewed by the committee and found to be adequate and effective (§258.4d)?

Yes No

11. Are the church offerings counted by a counting committee in accordance with the mandates of the *Discipline* (§258.4a)? Yes No

If not, why not?

12. Are all funds deposited promptly in accordance with procedures developed by the Committee on Finance (¶258.4a, d)? Yes No

If not, why not?

13. Are financial officers of the church bonded (¶258.4b)? Yes No

If not, why not?

14.a. Have the financial records of the church and all its organizations been audited for the prior fiscal year (¶258.4c)? Yes No

b. If not, why not?

c. Were there any recommendations or exceptions? Yes No

d. If there were recommendations or exceptions, how has the church addressed them?

Signed _____

Printed Name: _____

Date: _____

Report of the Finance Committee 2017-2020

Prepared and edited by the General Council on Finance and Administration and authorized as the official form for this purpose.



Report of the Trustees

The trustees are amenable to the Charge Conference and as such are required to make an annual report

(¶ 2550). Additional reports should be made as requested by the Charge Conference or Church Council or equivalent. Numbers in parentheses refer to paragraphs in the 2016 Book of Discipline.

Copies of this report should be filed with the recording secretary, pastor, district superintendent and the board of trustees.

Church _____ Charge _____
 District _____ Annual Conference _____

For the period beginning _____, and ending _____
DATE OF PRIOR CHARGE CONFERENCE DATE OF CURRENT CHARGE CONFERENCE

1. Organization for the present conference year was effective (date) _____, by electing the following officers (no less than three, and up to nine persons):

	Name	Term Expires
President	_____	_____
Vice President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____

2. Is the local church incorporated (¶2529.1a)? Yes No

3. a. Name or names in which title to each piece of property is recorded, as shown by civil land records (¶¶2536, 2538):

	Name(s)	Office	Book	Page
Church Buildings	_____	_____	_____	_____
Church Buildings	_____	_____	_____	_____
Parsonages	_____	_____	_____	_____
Parsonages	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

b. Who is the custodian of deeds and other legal papers?

c. Where are they kept?

4. Does each deed contain trust clause (¶2503)? Yes No

5. Do you have a long-term plan for the replacement of facilities and equipment as they deteriorate? Yes No

6. a. Insurance (¶2533.2, 2550.7)

Item Insured/ Insurance	Replacement Value	Amount of Coverage	Type of Coverage	Company	Restricted By Coinsurance (Yes or No and amount)		Expires When
Church Buildings	\$	\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Parsonages	\$	\$			Y <input type="checkbox"/>	Amount:	
					N <input type="checkbox"/>		
Church Furnishings and Equipment	\$	\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Parsonage Furnishings and Equipment	\$	\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Vehicle(s)	\$	\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
General Liability		\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Worker's Compensation					Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Directors and Officers/Errors and Omissions/Crime		\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Professional Liability Coverage (Including Sexual Misconduct)		\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		

b. Have the buildings been inspected for fire and other safety hazards within the past year? Yes No

c. Have you assessed the replacement value within the last 5 years? Yes No

d. Who performed the assessment?

e. Does the church have a Safe Sanctuary Policy? Yes No

f. Is the amount of insurance adequate? Yes No

(to determine adequacy of coverage, please use the GCFA Insurance Worksheet found at <https://www.gcfa.org/media/2629/minimum-insurance-requirements-november-2019-revision-final.pdf>)

7. a. Has an annual accessibility audit for church properties been conducted (§ 2533.6)? Yes No

(attach as a report; an example accessibility audit form may be found at <http://www.gcfa.org/forms-and-resources>)

b. If needed, have you developed an accessibility plan? Yes No (Attach plan)

8. Provide a detailed list of income-producing and permanent funds:

Item	Date Received	Amount	Where Invested	Income	How Income is Used for Ministry

(Attach as a supplement a statement "clarifying the manner in which these investments made a positive contribution toward the realization of the goals outlined in the Social Principles of the church and showing the investments are socially responsible..." §§ 2533.5 and § 2550.9)

President of Trustees _____

Printed Name: _____

Date: _____



Report of the Pastor

The report of the pastor shall include the names of all persons involved in the changes in membership and other items as outlined in the 2016 *Book of Discipline* (§§ 234, 340). This report should cover as fully as possible the work of the pastor. Care should be taken not to duplicate the reports of the Church Council, committees, organizations, and officers of the charge.

Copies of this report should be filed with the recording secretary, pastor, district superintendent and chairperson of witness or evangelism ministries.

Church _____

Charge _____

District _____

Annual Conference _____

For the period beginning _____

and ending _____

DATE OF PRIOR CHARGE CONFERENCE

DATE OF CURRENT CHARGE CONFERENCE

1. List those who have been received into baptized membership since the last report.
(Attach as a supplement.)
2. List those who have been received into professing membership since the last report.
(Attach as a supplement.)
 - a. On profession of faith or restored.
 - b. From other United Methodist churches.
 - c. From other non-United Methodist churches.
3. List those who have been removed from the professing membership since the last report.
(Attach as a supplement.)
 - a. By action of the Charge Conference, or trial court, or by withdrawal.
 - b. By transfer to other United Methodist churches.
 - c. By transfer to other non-United Methodist churches.
 - d. By death.
4. Have the membership records and rolls been audited (§231)? Yes No
If not, why not?
5. The Pastor shall give a report on the state of the church and an account of pastoral ministry as it relates to (§ 340): providing support, guidance, and training to the lay membership in the church; ministering within the congregation and to the world; and administering the temporal affairs of the congregation. Include as a part of the report a statement outlining the pastor's program of continuing education and spiritual growth for the past year and plans for the year to come (§ 349). *(Attach as a supplement.)*

Signed _____

Printed Name _____

Date _____

Report of Pastor / Church Conference 2022

Prepared and edited by the General Council on Finance and Administration and authorized as the official form for this purpose.

**CHARGE CONFERENCE REPORT
CONTINUING EDUCATION**

According to the 2016 Book of Discipline (§350.5)

“Clergy shall be asked by the district superintendent in the charge conference to report on their programs of continuing education, formation, and spiritual growth for the past year and plans for the year to come. The district superintendent shall also ask the local church to describe its provision for time and financial support of continuing education for ministry, professional development, formation and spiritual growth for the pastors, diaconal ministers and deacons serving their primary appointment in that local church.”

In order to facilitate this process, pastors are asked to use this form in making their report annually to the District Superintendent at Charge Conference.

Church: _____ Date: _____

Pastor: _____

The past year:

Program #1 _____

Date(s) _____

Description _____

Program #2 _____

Date(s) _____

Description _____

Program #3 _____

Date(s) _____

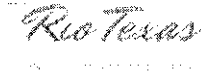
Description _____

Planned for future:

S/PPRC Chair's Signature

Pastor's Signature

Copies to: District Superintendent
 S/PPRC Chair
 Pastor
 Secretary of Charge Conference



Keeping our children, youth, and vulnerable adults safe

**Trusted con Confianza
Rio Texas Safety Policy
Church and Charge Conference Report Form**

In June 2017, the Rio Texas Annual Conference adopted a Child, Youth, and Vulnerable Adults Safety Policy. This policy became effective June 2018 following the close of Annual Conference.

In accordance with the Rio Texas Conference policy, "local churches shall submit their policy and a report on how they are in compliance with their policy annually to the District Superintendent at their charge or church conference." This form serves as this required annual report.

Please fill out the following form to share with your District Superintendent:

1. Has your church adopted a Child, Youth, and Vulnerable Adults Safety Policy?

Yes No Unsure

2. If so, is your church's policy in compliance with the 2018 Rio Texas Child, Youth, and Vulnerable Adults Safety Policy?

Yes No Unsure

3. If not, how can your DS and the conference office help you in this work?

4. Did all certified Trusted con Confianza persons in your congregation complete abuse prevention training and receive an overview/reminder of the church/organization child, youth, and vulnerable adults policy this calendar year?

Yes No Unsure

5. Did your church review your Child, Youth, and Vulnerable Adults Safety Policy?

Yes No Unsure

Thank you for your work to keep all vulnerable persons safe!

Please attach your church's child, youth, and vulnerable adult safety policy to this report and turn in to your District Superintendent.

For more information please visit: riotexas.org/safe or e-mail Rev. Dr. Tanya Campen at tcampen@riotexas.org

REQUEST FORM FOR CHURCH CONFERENCE

Charge Conference membership consists only of those members specified in ¶246.2, 2016 Discipline.

A **Church** Conference extends the vote to all local church members present at such meetings ¶248, 2016 Discipline.

If you want your *Charge* Conference changed to a *Church* Conference in accordance with ¶248, complete this request form and e-mail (sheilac@coastalbendumc.org) or send by mail to (3510 Gollihar Rd., Corpus Christi, TX 78415) to District Superintendent Laura Brewster. (In either case, the requirements for notice times and place are the same - ¶246.8.)

To encourage broader participation, I/we request that the charge conference for

_____ scheduled for _____
Church/Charge Month/Day/Year Time

be convened as a Church Conference, extending a vote to all local church members present at this meeting.

Signed: _____
Pastor or Chair of Council

Date: _____

E-mail Address: _____

Phone: _____



Fund Balance Report

The Committee on Finance is required to make provision for an annual audit of the records of all the financial officers (including the financial secretary or church business manager and treasurers) of the church and all its organizations and shall report to the Charge Conference. Guidelines for handling of an accountability of funds can be found in the 2017-2020 United Methodist Church Financial Records Handbook and in Guidelines for Leading Your Congregation: FINANCE available at <http://www.cokesbury.com>, and The Local Church Audit Guide, available at <http://umc.org/gcfa/forms>.

THIS REPORT IS TO BE COMPLETED BETWEEN JAN. 1 AND FEB. 1
 THIS REPORT SHOULD NOT BE INCLUDED WITH YOUR OTHER CHARGE CONFERENCE FORMS

Copies of this report should be filed with the recording secretary, pastor, district superintendent and chairperson of the committee on finance

Church _____ Charge _____
 District _____ Annual Conference _____

For the period beginning _____, and ending December 31, _____

1. Receipts, Disbursements, and Balances (Round to the nearest dollar)

LOCAL CHURCH FUNDS (Use those applicable to your church.)	(a) Balance at Beginning of Period	(b) Cash Received and Recorded	*(c) Total Disbursements for Period (-)	*(d) Transfers + (-)	(e) Balance End Of Period
General Fund					
Benevolence Fund					
Building or Improvement Fund					
Board of Trustees' Fund					
United Methodist Women					
United Methodist Youth Fellowship					
United Methodist Men					
Church School					
Other Organizations or Funds (enter name):					
Name:					
Total amount of cash in all treasuries of the church					

2. The Auditors Auditing Committee (check one) has examined the accounts listed on the front side; reviewed procedures of counting and accounting under the current Book of Discipline; has reconciled receipts and disbursements with bank deposits and bank balances; and has found the balances displayed to be correct, procedures proper, and records properly kept, except as noted below (attach additional pages as needed):

3. Recommendations for changes in financial policies and practices (attach additional pages as needed):

Signatures of the Church Audit Committee, (if applicable)

_____, Chairperson _____, Member
Printed Name: _____ Printed Name: _____
Date: _____ Date: _____

Fund Balance Report, 2017-2020

Prepared and edited by the General Council on Finance and Administration and authorized as the official form for this purpose.