

Niagara Frontier District  
2018 Equalization Member Application  
**PLEASE TYPE OR PRINT CLEARLY!**

Name: \_\_\_\_\_

Local Church: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Check all that apply: ☐ Youth (12-17 yrs) ☐ Young Adult (18-30 yrs) ☐ Ethnic ☐ At Large

Have you served as an Equalization Member previously? ☐ Yes ☐ No

If yes, list year(s): \_\_\_\_\_

List the leadership positions you have held for the last three years within your local church, the district, and conference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to serve as an Equalization Member? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request to serve as an Equalization Member to Annual Conference Session on May 30-June 2, 2018 in Syracuse, New York, and agree to attend **all sessions**:

\_\_\_\_\_  
Signature

Name of Lay Member for your church

\_\_\_\_\_

\_\_\_\_\_  
Pastor's Signature

**Completed forms may be returned by fax, e-mail or regular mail (one method only, please)**

716-276-8632 fax

[NiagaraFrontier@unyumc.org](mailto:NiagaraFrontier@unyumc.org)

Niagara Frontier District, 247 Cayuga Rd., Suite 70, Cheektowaga, NY 14225-1900

**DEADLINE: Friday, March 9**

***You will be notified by March 19 whether or not you are accepted as an Equalization Member for 2018***