

Niagara Frontier District
2019 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
☐ LM ☐ SY (this line applies to those who are *appointed* to a pastoral position)

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 June 5-8, 2019 in
Syracuse, New York, and agree to attend **all sessions**:

Signature

Name of Lay Member for your church

Pastor's Signature

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

716-276-8632 fax

NiagaraFrontier@unyumc.org

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

DEADLINE: Friday, March 15

You will be notified by March 22 whether or not you are accepted as an Equalization Member for 2019