

## Packet for Organizing or Reorganizing Units of United Methodist Women



### **Thank you for your leadership in organizing a unit of United Methodist Women!**

All of the information requested is important for our records, but if it does not apply in your situation, make sure to write "NA" in the corresponding spaces. Once you have completed the form make sure to review it to verify that all information is included.

If you should have any questions, feel free to contact us at:

Office of Membership Opportunities  
United Methodist Women  
475 Riverside Drive, Room 1501  
New York, NY 10115  
Phone: (212) 870-3725, Fax: (212) 870-3736  
[musherke@unitedmethodistwomen.org](mailto:musherke@unitedmethodistwomen.org)

Please complete the form and send one copy to:

1. United Methodist Women Office of Membership Opportunities (mail or fax).
2. District Coordinator for Membership Nurture and Outreach.
3. Keep one for your records.

**Part I. United Methodist Women unit organization.** Please make sure to fill in every space with as much information as possible. If the information does not apply or is not available, write "NA" in the space. Make sure to type or write legibly.

New unit                       Organized unit                       Reorganization or merger

**In every local church there shall be an organized unit of United Methodist Women.**  
*The Book of Discipline of The United Methodist Church, 2012, ¶256.5*

**Unit type**                       Local                       Cluster/Charge                       District                       Online  
 Check one of the following

**UNITED METHODIST WOMEN UNIT INFORMATION**

Name of unit

Name of conference and district

Date of informational meeting

Date of organizational meeting

**ORGANIZER OR CONTACT PERSON INFORMATION**

Name		Phone	
Address		E-mail	
City, State & Zip			

United Methodist Women unit position

**CHURCH INFORMATION (for local units)**

Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
Website address			
Pastor's name			

Is there more than one congregation meeting in this church building?     No                       Yes

Please describe below			
Congregation	Language	Women members	United Methodist Women members

Note: If this is for a cluster unit where more than one local church is involved, please complete the information on additional churches on the next page.

**TOTAL UNIT MEMBERSHIP INFORMATION**

<input type="checkbox"/>	Transferred in from other United Methodist Women unit	
<input type="checkbox"/>	New member from local United Methodist Church	
<input type="checkbox"/>	New member from another United Methodist Church	
<input type="checkbox"/>	New member from non-United Methodist Church	
<input type="checkbox"/>	Total unit members (Add lines 1-4)	

**CIRCLES INFORMATION**

Name of circle	Emphasis, characteristics and/or primary language	Number of participants

Instructions	<p>1. Send one copy to your District Coordinator of Membership Nurture and Outreach.  2. Mail one copy to Office of Membership Opportunities  United Methodist Women  475 Riverside Drive, Room 1501  New York, NY 10115  Phone: (212) 870-3725, Fax: (212) 870-3736  musherke@unitedmethodistwomen.org</p>
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**Part II. Cluster units.** Please list other churches involved. If additional space is needed, feel free to reproduce any part of this form for your convenience.

**1. CHURCH INFORMATION**

Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
Website address			
Pastor's name			

Is there more than one congregation meeting in this church building?     No     Yes

Please describe below

Congregation	Language	Women members	United Methodist Women members

**2. CHURCH INFORMATION**

Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
Website address			
Pastor's name			

Is there more than one congregation meeting in this church building?     No     Yes

Please describe below

Congregation	Language	Women members	United Methodist Women members

3. CHURCH INFORMATION			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
Website address			
Pastor's name			
Is there more than one congregation meeting in this church building? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Please describe below			
<b>Congregation</b>	<b>Language</b>	<b>Women members</b>	<b>United Methodist Women members</b>

Part III. Elected or appointed to leadership. Please list persons in leadership positions.			
1. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
2. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
3. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			

4. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
5. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
6. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
7. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
8. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
9. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			

10. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			
12. Position or officer			
Name of church		Phone	
Church address		Fax	
		E-mail	
City, State & Zip			

Part IV. Unit membership list. Please list the names of all the members joining the newly organized unit of United Methodist Women.			
Name		Phone	
Address		E-mail	
City, State & Zip			
Name		Phone	
Address		E-mail	
City, State & Zip			
Name		Phone	
Address		E-mail	
City, State & Zip			
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