



GLOBAL
METHODIST CHURCH
 Northeast Annual Conference

Charge/Church Conference 2025 Packet
 One form for each congregation

Charge/Church Conference Date: _____

Congregation's Name: _____
 (Please complete one report for each church in a charge)

Church Email Address: _____

Church Phone Number: _____

Church Website/Social Media: _____

Mailing Address

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Physical Address (if different)

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____