



MEMBERSHIP TRANSFER FORM



Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

E-mail Address _____

Birthdate _____ Male _____ Female _____

Please check one: Married _____ Single _____ Divorced _____

Name of Church Transferring from _____

Address _____

Please list all family members living in same household:

Name	Baptized Member?	Date of Birth	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Church this person is transferring to _____

Church Clerk's Signature _____