



MEMBERSHIP TRANSFER INFORMATION

Please return this to the church office or put it in the offering collection

ADULT #1 NAME

First, Middle, Last

BIRTH DATE

Month, Day, Year

MAILING ADDRESS

Street or PO Box, City, State, Zip

PHYSICAL ADDRESS

Street, City, State, Zip

PHONE

Home

Work

Cell

EMAIL

CURRENT MEMBERSHIP LOCATION

**IN WHAT CAPACITIES DO
YOU ENJOY SERVING?**

ADULT #2 NAME

First, Middle, Last

BIRTH DATE

Month, Day, Year

MAILING ADDRESS

Street or PO Box, City, State, Zip

PHYSICAL ADDRESS

Street, City, State, Zip

PHONE

Home

Work

Cell

EMAIL

CURRENT MEMBERSHIP LOCATION

**IN WHAT CAPACITIES DO
YOU ENJOY SERVING?**

Please complete the reverse for dependents

DEPENDENT #1 NAME*First, Middle, Last***BIRTH DATE***Month, Day, Year***EMAIL***Special Notes:***DEPENDENT #2 NAME***First, Middle, Last***BIRTH DATE***Month, Day, Year***EMAIL***Special Notes:***DEPENDENT #3 NAME***First, Middle, Last***BIRTH DATE***Month, Day, Year***EMAIL***Special Notes:***DEPENDENT #4 NAME***First, Middle, Last***BIRTH DATE***Month, Day, Year***EMAIL***Special Notes:***DEPENDENT #5 NAME***First, Middle, Last***BIRTH DATE***Month, Day, Year***EMAIL***Special Notes:***SPECIAL HOUSEHOLD NOTES**