

Instructions

You have received the enclosed "Transfers of Membership" form because at least one Seventh-day Adventist church member is joining or leaving your church. If you have been asked to enter a recommendation or acceptance date, enter that date on the English form in mm/dd/yyyy format, sign the form, and mail/fax it to the conference that sent you this paperwork. If no signature is asked for, you do not need to mail/fax the form.

Thank you.



Transfers of Membership

Las Virtudes Adventist Church

Attn:
Church Clerk
Las Virtudes Adventist Church
Villa Prades
Rio Piedras 00924
Puerto Rico

Return Address:
Membership Records
Sample Conference in NAD
PO Box 00000
Silver Spring, MD 20904

Use this translation as a guide to the English form



Transfers of Membership

Your Church Name

Attn:
Church Clerk
Your church name
Your church address

Return Address:
Membership Records
Address of NAD Conference
That sent you this form

Or fax to: FAX number
Phone: Phone number

REQUESTS TO RECOMMEND *Transferring to...*

First SDA Church (Silver Spring, MD) – Clerk: Name, phone number
Sue Smith Requested 2/23

RECOMMENDATIONS TO ACKNOWLEDGE *Transferring from...*

Maranatha SDA Church (Laurel, MD) – Clerk: Name, phone number
Jay Jones Recommended
Lois Jones Recommended

ACKNOWLEDGEMENTS *Completed transfers to...*

Ephesus SDA Church (Takoma Park, MD) – Clerk: Name, phone number
Patrick Harris Accepted
Elizabeth Harris Accepted
Patrick Harris, Jr. Accepted

Signature (church clerk): _____

REQUESTS TO RECOMMEND *Transferring to...*

Church requesting the transfer (City, State/Province) – Clerk: Name, phone number
Person leaving Date requested, mm/dd/yyyy Fill in date recommended, mm/dd/yyyy

RECOMMENDATIONS TO ACKNOWLEDGE *Transferring from...*

Church recommending transfer (City, State/Province) – Clerk: Name, phone number
Person joining Date recommended, mm/dd/yyyy Fill in date accepted, mm/dd/yyyy
Person joining Date recommended, mm/dd/yyyy Fill in date accepted, mm/dd/yyyy

ACKNOWLEDGEMENTS *Completed transfers to...*

Church that accepted your former member (City, State/Province) – Clerk: Name, phone number
Person that left Date accepted, mm/dd/yyyy
Person that left Date accepted, mm/dd/yyyy
Person that left Date accepted, mm/dd/yyyy

Signature (church clerk): X _____
Mail or fax to Return Address above



Some sections may be omitted