

Date: _____

Michigan Conference of Seventh-day Adeventists
International Church Transfer of Membership Request Form

Transferring Member Information:

Destination Church in Michigan:			
Full Name of Member Transferring:			
Member's Street Address or PO Box:			
City, State, Zip Code:			Date of Birth:
Phone Number:			Gender:
Email Address:			Baptism Date:
Is the member transferring in or out of your church?	<input type="checkbox"/> IN <input type="checkbox"/> OUT	COMMENTS:	

International Church Information:

Name of International Church:			
Mailing Address:			
City, State/Province, Zip Code:			
Country:			
International Church Pastor or Clerk:			
Email address:		What'sApp Phone number:	

NOTES:

THIS INFORMATION SHOULD BE FILLED OUT & SENT TO THE CONFERENCE CLERK

Deanna Hutchins Michigan Conference Clerk	517-316-1543 membership@misda.org	Michigan Conference 5801 W Michigan Ave Lansing, MI 48917	
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