Membership Transfer Request

Church Directive Board		
Church:		
Beloved Brethren:		
-	tfully requesting for the transfer of my church to the	-
My desire is to be actively involved my tithes and offerings, personal eff	in the church activities and to support if orts and Christlike influence.	t with
Information needed for the process		
SURNAME 1	NAME (S)	I.D. NUMBER
MARITAL STATUS: () SINGLE	() MARRIED () DIVORCEI	O () WIDOW
COMPLETE ADDRESS		
BIRTH DATE CELU	TLAR PHONE HOME PHONE	EMAIL
PLEASE ANSWER YES / NO Do you know how to read and write? Are you working? Are you studying?	PLEASE ANSWER YES / NO Are you returning tithes actually? Do you have a Devotional study plan? Do you have a Church Post?	STUDY DEGREE () I don't have () Primary () High School () University / Post-graduate
In which Department would you like to	cooperate?	
CHURCH OF CURRENT MEMBERSHIP	UNION	MISSION
SECRETARY'S NAME	PASTOR'S NAME	DISTRICT
SECRETARY'S PHONE NUMBER	PASTOR'S PHONE NUMBER	
DATE REQUESTED	SIGNATURE OF THE PETITIONER	DATE OF RECEPTION