



***SUBMIT THIS COMPLETED FORM TO THE
CHURCH OFFICE FOR PROCESSING***

Date: _____

To the Church Clerk:

I would like to transfer my church membership to the Hollister Seventh-day Adventist Church. My contact information is below:

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Please contact me to confirm that you have received this request.

Sincerely,

Signature: _____

Printed Name: _____

Names of family members who also are to be transferred:
