## TRANSFER OF MEMBERSHIP

330250-695

(For use with Christian Reformed churches and churches in ecclesiastical fellowship)

Church of		, at the request of o	ur member(s) listed below, pre	esents this statemer
commend them to your Christian fellow				
counsel.	sinp and request that you receive the	iem with emistian lov	e and provide them with appro-	opriate pastoral car
EMBERSHIP RE	CORD			
Full Name	Date of Birth	Date of Baptism	Date of Profession of Faith	Prior Membership
ngle				
usband				
ife				
ildren				
ress:				
iil:		Phone:		
litional Information:				
olvement in church functions, special gi	fts or abilities, special needs, etc.)			

\_, clerk

## RECEIPT OF MEMBERSHIP

(Please return as soon as possible.)