



# EAST SALEM CHURCH

A Seventh-day Adventist Community

We invite you to join the East Salem family of faith.

Please fill out this form to start the process of transferring your membership.

Email to [eastsalemchurch@msn.com](mailto:eastsalemchurch@msn.com)

## MEMBERSHIP TRANSFER FORM

### Member Information

Date	Transferring from (church name)	City/State
First Name	Last Name	
Home Phone	Cell Phone	Email Address
Address		
City	State	Zip
Birth date	Gender	Baptismal Date

### Spouse Information

Date	Transferring from (church name)	City/State
First Name	Last Name	
Home Phone	Cell Phone	Email Address
Birth date	Gender	Baptismal Date



# EAST SALEM CHURCH

A Seventh-day Adventist Community

## Child Information

Date Transferring from (church name) City/State

First Name Last Name

Birth date Gender Baptismal Date

## Child Information

Date Transferring from (church name) City/State

First Name Last Name

Birth date Gender Baptismal Date

## Child Information

Date Transferring from (church name)

First Name Last Name

Birth date Gender Baptismal Date

## Child Information

Date Transferring from (church name)

First Name Last Name

Birth date Gender Baptismal Date