



Membership Transfer Form

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 for to secretary@eastsalemchurch.org.

DATE OF REQUEST

MEMBER INFORMATION

Full Name :

Church Transferring From:

Date of Birth : Baptismal Date: Gender :

Cell Phone: Email Address:

Street Address:

City, State, Zip:

SPOUSE INFORMATION

Full Name :

Church Transferring From:

Date of Birth : Baptismal Date: Gender :

Cell Phone: Email Address:

CHILD INFORMATION:

Full Name :

Church Transferring From:

Date of Birth : Baptismal Date: Gender :

Full Name :

Church Transferring From:

Date of Birth : Baptismal Date: Gender :

Full Name :

Church Transferring From:

Date of Birth : Baptismal Date: Gender :