



REQUEST FOR TRANSFER OF MEMBERSHIP

(PLEASE PRINT INFORMATION BELOW)

Church Transferring From: _____ SDA Church
Address: _____

Clerk: _____ email: _____

To Join: _____ Seventh-day Adventist Church
Address: _____

Name of Person to be transferred: _____
Address: _____
City: _____ State _____ Zip _____
Cell: _____ DOB _____

Clerk (or person sending the request)
Name: _____
Cell: _____ Email: _____

Signature of Clerk: _____
Date: _____

TO THE CLERK SENDING THIS TRANSFER REQUEST:

*This form should be filled by the clerk of the church which the applicant
for transfer wishes to join and mailed or emailed to the Florida Conference
Clerk: Daiane Oliveira, (address below) or email to daiane.oliveira@floridaconference.com*