

# Southern New England Conference

## Membership Department Transfer Request Form

Church Name: \_\_\_\_\_ Clerk Name: \_\_\_\_\_

### Name to be Transferred:

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Street Address / P.O. Box City State Zip Code

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY) Telephone Number Email Address

### Church Transferring From:

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
STREET ADDRESS / P.O. BOX CITY, STATE, ZIP CODE

### Church Transferring To:

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
STREET ADDRESS / P.O. BOX CITY, STATE, ZIP CODE

### INTERNATIONAL TRANSFERS ONLY:

\_\_\_\_\_  
NAME OF CONFERENCE COUNTRY

\_\_\_\_\_  
NAME OF CHURCH CLERK EMAIL ADDRESS OF CHURCH CLERK

**Additional Comments:**

Mail To: Southern New England Conference, Membership Clerk,  
P.O. Box 1169, South Lancaster, MA 01561

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